

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11001

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11001

1. NAME OF DECEASED (Type or Print) CLARA-GOVAS-BORDA			2. DATE OF DEATH DEC 13 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Marburg - 3			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Col. S.A B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bogota		
c. Length of stay in Baltimore 4 mos. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 7-05		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-24-89	9. AGE (In years last birthday) 64	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK			10B. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) So. America
12. CITIZEN OF WHAT COUNTRY? COLOMBIA SA			13. FATHER'S NAME Ignace Tovar		
14. MOTHER'S MAIDEN NAME Margarita Borda			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		
16. SOCIAL SECURITY NO. NO N.E.			17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		
18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Abdominal carcinoma			CAUSE OF DEATH Intestinal obstruction		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Exploratory laparotomy for cancer		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., home or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 8-10-1953 , to 12-13-1953 , that I last saw the deceased alive on 12-13-1953 , and that death occurred at 3:46 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Richard R. Chamberlain		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE DEC 15 1953		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM	
24D. LOCATION (City, town, or county) 4430 BELAIR RD MD		24E. STATE MD		24F. REGISTRAR'S SIGNATURE Thurston Hollister	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		FUNERAL DIRECTOR Chappel Bros 1800 E LOMBARD ST.		ADDRESS	

10001 15

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MEDICAL CERTIFICATION

14-300 53 11002 53-28168		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11002	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Haddaway, Deborah		2. DATE OF DEATH 12/14/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glen Burnie 5200	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 36 University Hospital		D. STREET ADDRESS (If rural, give location) 301 N St. S.E.		Yrs. Mos. Days	
C. Length of stay in Baltimore Life		5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 11/14/53 9. AGE (In years last birthday) 1 10 Under 1 Year Months: Days 10 Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ellwood Haddaway		14. MOTHER'S MAIDEN NAME Dorothy McComas		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. —		17. INFORMANT Father ADDRESS Same		18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Immataturity DUE TO Premature Labor DUE TO —	
19. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Dec. 11 19 53 , to Dec. 14 , 19 53 , that I last saw the deceased alive on Dec. 14 , 19 53 , and that death occurred at 4:40 A.M., from the causes and on the date stated above.		23A. SIGNATURE W. J. Slasman, Jr. M. D.	
23B. ADDRESS University Hospital		23C. DATE SIGNED 12/14/53		24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	
24B. DATE Dec 15 53		24C. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24D. LOCATION (City, town, or county) (State) Glenn Burnie Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		REGISTRAR'S SIGNATURE W. J. Slasman, Jr.		25. FUNERAL DIRECTOR Bernard A. Frank ADDRESS Glenn Burnie Md	

Small 82

HEAD OF BAY

Small 82

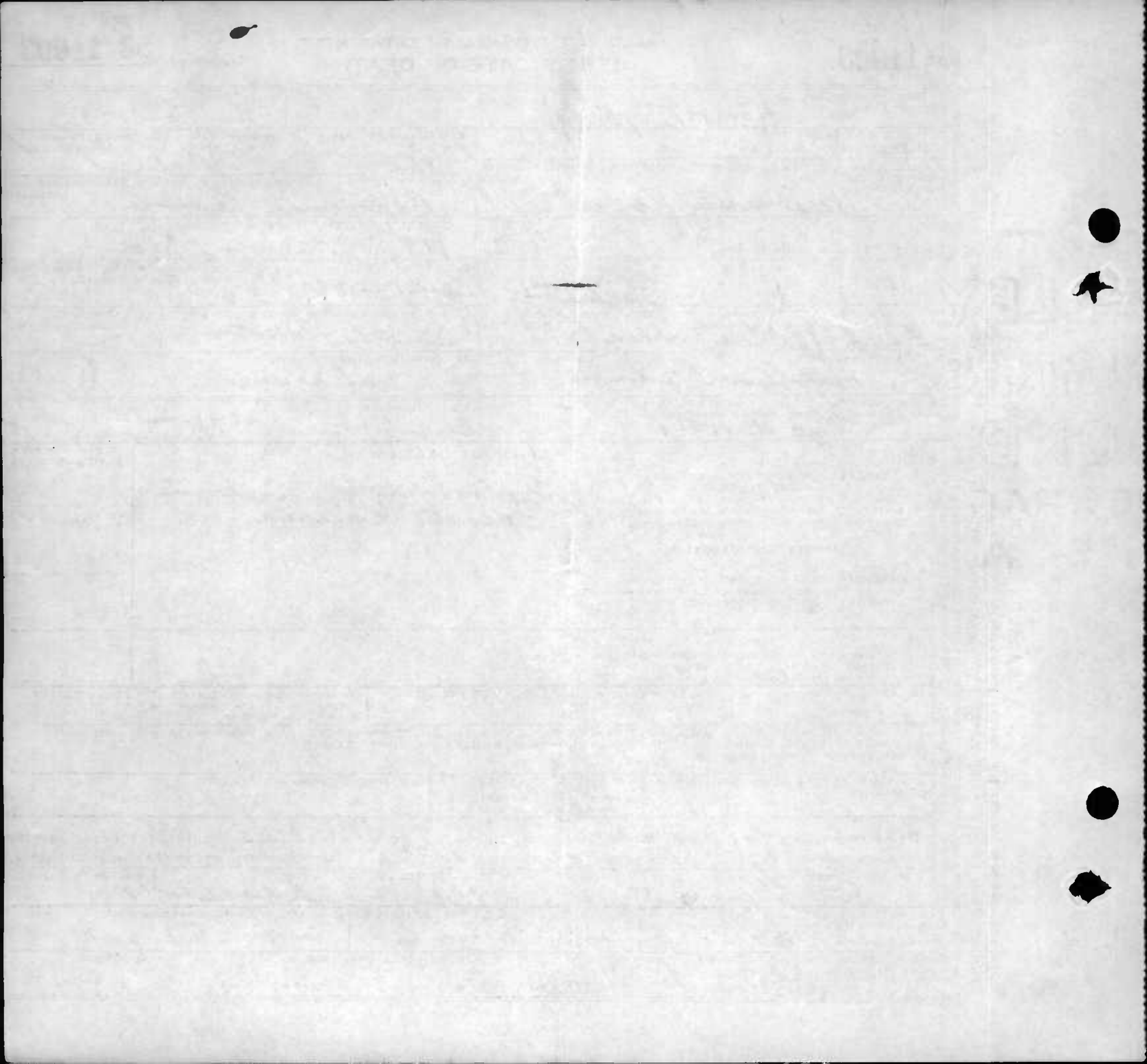


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MEDICAL CERTIFICATION

53-11003		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53-11003	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Hammitt, Hugh</i>		2. DATE OF DEATH <i>12-11-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>38 University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Essex</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>117 S. Marlyn Ave. 5354</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separate</i>	8. DATE OF BIRTH <i>April 17-1897</i>	9. AGE (In years last birthday) <i>56</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Guard - Watchman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Embroidery Co.</i>		11. BIRTHPLACE (State or foreign country) <i>South Dakota</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>Hugh Russell Hammitt</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>Yes N.W. #1</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Olva Venezia</i> ADDRESS <i>1347 Hawthorne Rd. Edgewood, Md.</i>	
18. <i>292.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Pulmonary Hemorrhage</i> DUE TO <i>Aplastic Anemia</i> (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs. approx.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>none</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>12-1-53</i> to <i>12-11-53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-11-53</i> , and that death occurred at <i>8:25</i> A.M., from the causes and on the date stated above.			
23A. SIGNATURE <i>Dr. Winifred, Jr.</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>12-11-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-15-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto. National</i>	
24D. LOCATION (City, town, or county) (State) <i>Dundalk Rd. Balto Md</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>John S. Connolly, Essex, Md.</i>	

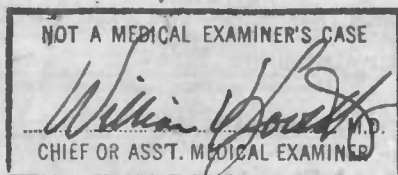


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BIRTH NO.		Baltimore City Health Department CERTIFICATE OF DEATH		Registered No. 53 11004	
1. NAME OF DECEASED (Type or Print)			Charles Nichols		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 31 Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore DUNDALIT		
C. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Box #173 Fisher Rd. 6853		
5. SEX Male	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1897	9. AGE (In years last birthday) 56	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Copper Worker			10B. KIND OF BUSINESS OR INDUSTRY B. Hubbard & Son		11. BIRTHPLACE (State or foreign country) Tenn.
13. FATHER'S NAME John Wesley			12. CITIZEN OF WHAT COUNTRY? Tenn.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <input checked="" type="checkbox"/>			16. SOCIAL SECURITY NO.		
17. INFORMANT B. C. H. 4940 Eastern Ave. (records)			ADDRESS		
18. 434.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure - Perforated Viscus DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-13, 1953, to 12-13, 1953, that I last saw the deceased alive on 12-13, 1953, and that death occurred at 10 P. m., from the causes and on the date stated above.					
23A. SIGNATURE H. John Vace			23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 12-14-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-16-53	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart		24D. LOCATION (City, town, or county) (State) German Hill Rd. Baltimore
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR S. Connolly	
VS 150		6983C			

OVER.



We sent this cert. to
Medical Examiner's Office
re "perforated viscus".
It came back with the
atom stamp, no comment.

12/20/53 ES

MARGIN RESERVED FOR BINDING

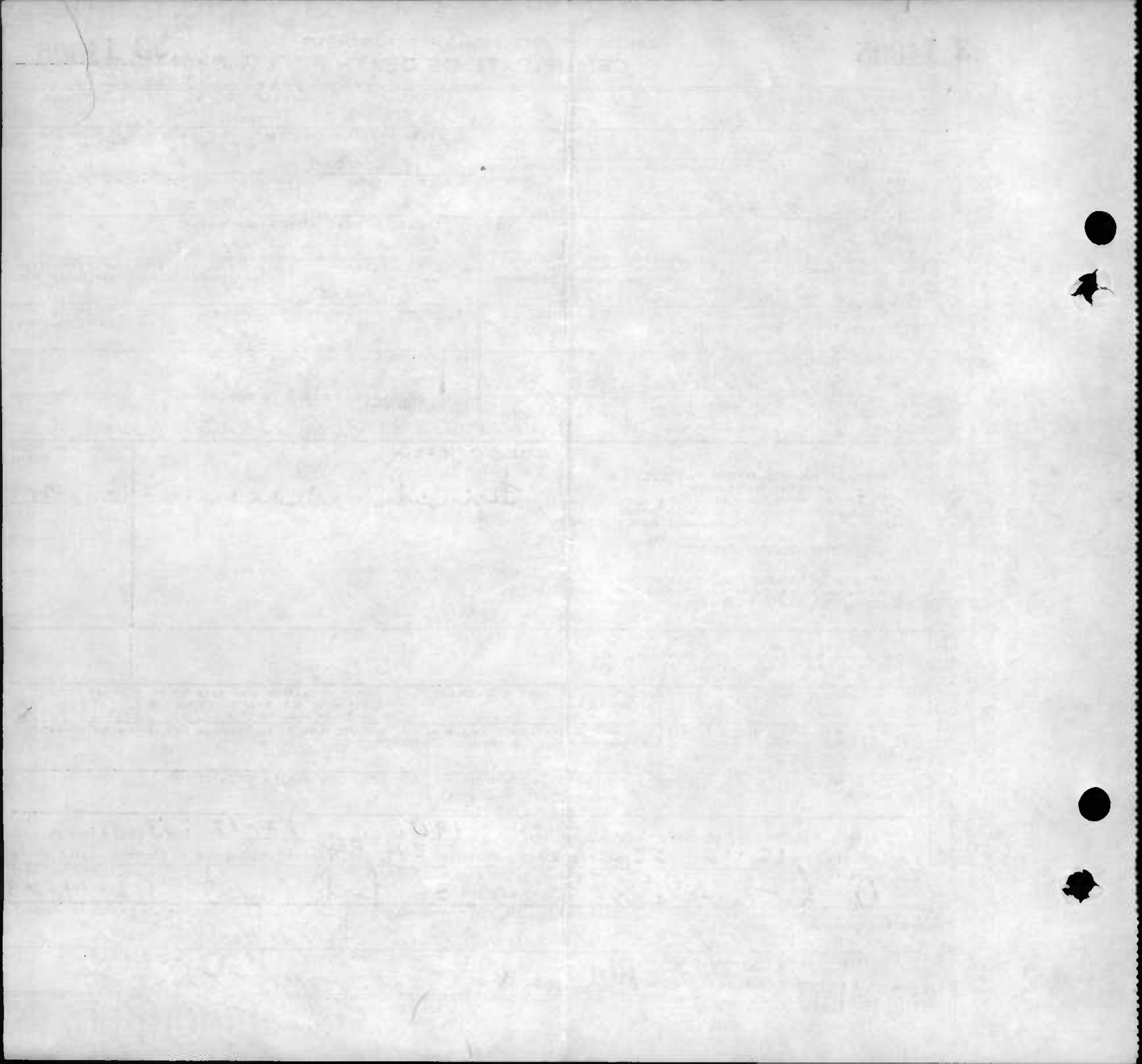
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53

B-423
11005BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11005

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Donald J. Blackstock</i>		2. DATE OF DEATH <i>12/12/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Balto. 27-38</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1240 Glenhaven Rd.</i>		D. STREET ADDRESS (If rural, give location) <i>1240 Glenhaven Rd.</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>3/17/1942</i>	9. AGE (In years last birthday) <i>11</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Donald B. Blackstock</i>		14. MOTHER'S MAIDEN NAME <i>Ellen M. Letts</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Ellen M. Letts</i>	
18. <i>200.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Lympho. sarcoma</i>		CAUSE OF DEATH <i>Lympho. sarcoma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Aug. 1953</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>1946</i> , 19 to <i>12-12</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-12</i> , 19 <i>53</i> and that death occurred at <i>840 P.M.</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>G. L. Ewall</i>		23B. ADDRESS <i>36 York Court</i>		23C. DATE SIGNED <i>12-14-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/15/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Park</i>	
24D. LOCATION (City, town, or county) <i>Parkville Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>1217 St. Paul St.</i>	



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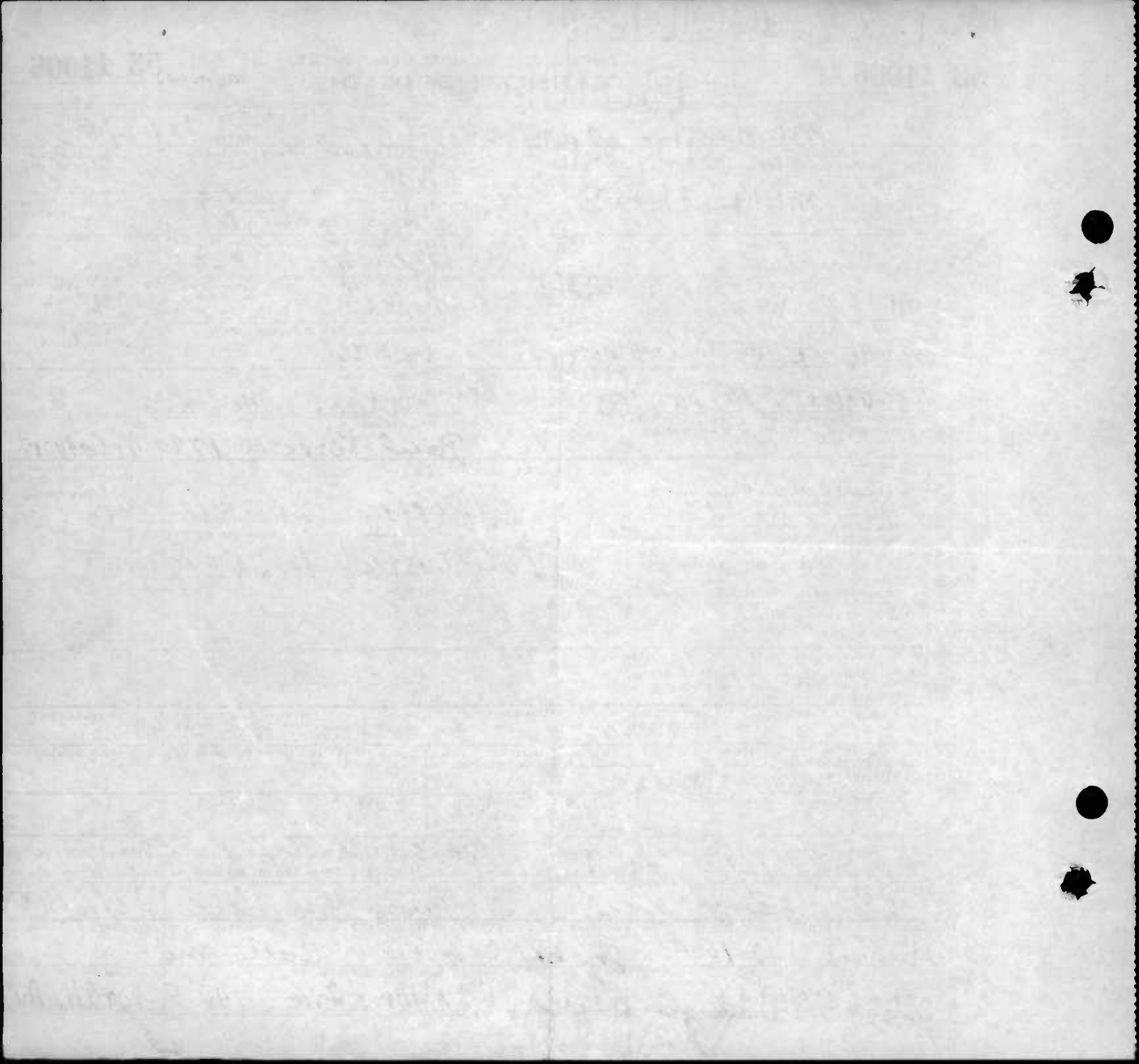
53 11006

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11006

1. NAME OF DECEASED (Type or Print) Michael Markakis		2. DATE OF DEATH 12/12/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, MD.	
C. Length of stay in Baltimore 30 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1720 N. CALVERT ST.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11/10/06
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STORE KEEPER		10B. KIND OF BUSINESS OR INDUSTRY CONFECTIONARY STORE	
11. BIRTHPLACE (State or foreign country) GREECE		12. CITIZEN OF WHAT COUNTRY? ?	
13. FATHER'S NAME Nicholas Markakis		14. MOTHER'S MAIDEN NAME Koukoni Maniis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO.	
17. INFORMANT Paul Kortes		ADDRESS 1720 N. Calvert	
18. 757.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CHRONIC UREMIA		INTERVAL BETWEEN ONSET AND DEATH known for 1 year	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. POLYCYSTIC KIDNEYS?		(A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 12/12/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/21/53, 1953 to 12/12/53 , that I last saw the deceased alive on 12/12, 1953 and that death occurred at 11:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE George H. Beck		23B. ADDRESS Mercy Hosp. Univ.	
23C. DATE SIGNED 12/12/53		23D. M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-15-53	
24C. NAME OF CEMETERY OR CREMATORY Greek Cemetery		24D. LOCATION (City, town, or county) (State) Balto. md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		REGISTRAR'S SIGNATURE Huntington Williams	
VS 150		25. FUNERAL DIRECTOR Lambros Inc	
		ADDRESS 440 E. North, Av	

2906A



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 11007

53 11007

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK H. HOPKINS

2. DATE
OF
DEATH

12-13-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

W. Va.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Md. General Hospital (D.O.A.)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Clarksburg

D. STREET ADDRESS (If rural, give location)

600 Stanley Ave.,

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 7, 1891

9. AGE (In years
last birthday)

62

If Under 1 Year If Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Printer

10B. KIND OF BUSINESS OR
INDUSTRY

Printing

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Hopkins

14. MOTHER'S MAIDEN NAME

Mary Huch

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Carl Hopkins Clarksburg, W. Va.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CORONARY ARTERY SCLEROSIS

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Joseph A. Jackimech M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

12-13-53

24A. BURIAL, CREMATION,
TATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12-17-1953

Holy Cross

Clarksburg, W. VA.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1953

Huntington Williams, M.D.

G Howard Strong 3207 W. North Ave.,

UNITED STATES

DEPARTMENT OF COMMERCE
BUREAU OF COMMERCE

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D-524
53 11008BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11008

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN DENGLE

2. DATE
OF
DEATH

12-12-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St Josephs Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Overlea

D. STREET ADDRESS (If rural, give location)

Belair Rd

c. Length of stay in Baltimore

Yrs. Mos. Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cab Driver

10B. KIND OF BUSINESS OR INDUSTRY

Employee

11. BIRTHPLACE (State or foreign country)

Balto Co Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Peter J. Dengler

14. MOTHER'S MAIDEN NAME

Theresa Lindsay

ADDRESS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

213-09-8084

17. INFORMANT

Mr Francis Dengler 7503 Belair Rd

18. E900.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

FRACTURED SKULL

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

BRONCHOPNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

steps

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Overlea Cab Co.-6803 Belair Road

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

12/2/53 11:45 P. m.

21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell down steps

22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Joachim

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

12-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/15/53

24C. NAME OF CEMETERY OR CREMATORY

St Josephs Cath Cem

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 14 1953

Huntington Williams, M.D. Funeral Home 7401 Belair Rd

VS 151

N803.2

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UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF HEALTH

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L-524
53 11009BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11009

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ARTHUR LANGLEY		2. DATE OF DEATH 12-12-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		D. STREET ADDRESS (If rural, give location) 1321 N. Caroline St.		E. LENGTH OF STAY IN BALTIMORE 13 yrs.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 28, 1914	9. AGE (In years last birthday) 39	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Bethlehem Steel Co.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) N. Carolina	
13. FATHER'S NAME David Langley		14. MOTHER'S MAIDEN NAME Pattie Daniels		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. Unk. no. 12		17. INFORMANT Ella Lee Langley	
18. E 8/12.7 and 322.0		CAUSE OF DEATH CRUSHED CHEST		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) DUE TO			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		ACUTE ALCOHOLISM			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB- UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1100 block Orleans St. 5/2	
21D. TIME (Month) (Day) (Year) (Hour) Dec. 12, 1953 1:45 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by bus	
22. I certify that I took charge of the remains described above, held an INSPECTION + INQUIRY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. Jackson		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 12-12-53	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE Dec. 16/53		24C. NAME OF CEMETERY OR CREMATORY Balto. National Cem.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Huntington Williams		ADDRESS Robert A. Ellis & Daughters	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Robert A. Ellis & Daughters	
V S 151 N 862.2		9703A 1297. Caroline St. ✓			

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DECLARATION OF DEATH

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-91684

M-610
11010BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11010

1. NAME OF DECEASED (Type or Print) Hannah Murphy		2. DATE OF DEATH 12-12-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave., Baltimore City Hospitals	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 27- 1865
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY AT Home	9. AGE (In years last birthday) 88
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME David Hopkins 'D'		14. MOTHER'S MAIDEN NAME Sara Evans 'D' (Arnold)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT 4940 Eastern Ave. Records: Baltimore City Hospitals		ADDRESS	
18. E962.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pneumonia DUE TO (A) Pneumonia (B) _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture left Femur			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 3411 Soone St.	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 12- 19- 1944
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell to floor		
22. I hereby certify that I attended the deceased from 1-19- , 19 45 , to 12-12- , 19 53 that I last saw the deceased alive on 12-12- , 19 53 , and that death occurred at 11.35AM from the causes and on the date stated above.			
23A. SIGNATURE H. C. Johnson M.D.		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	23C. DATE SIGNED 12-12-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12-15-53	24C. NAME OF CEMETERY OR CREMATORY PARKWOOD	24D. LOCATION (City, town, or county) (State) BALTIMORE MD
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Chas F Evans & Son	
VS 150		ADDRESS 118 W Mt Royal Ave	

To be approved by the Medical Examiner

N 821.9

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-510 53 11011		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X Registered No. 53 11011	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Kump, Charlotte</i>		2. DATE OF DEATH <i>12-14-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Cecil</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Hampstead</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>38 University Hsp.</i>		D. STREET ADDRESS (If rural, give location) <i>5600</i>		Year <i>8</i> Mos. Days	
C. Length of stay in Baltimore		5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>April 13/1875</i>		9. AGE (In years last birthday) <i>78</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Calvin Harner</i>		14. MOTHER'S MAIDEN NAME <i>Martha Biddle</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>George Kump Hampstead Md</i>	
18. <i>450.1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>PULMONARY EMBOLUS</i>		<i>SUDDEN -</i>	
ANTECEDENT CAUSES		(B) <i>MID-THIGH AMPUTATION 4 DA.</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>ARTERIOSCLEROSIS</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>12-10-53-1</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>ARTERIOSCLEROTIC</i>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>12-12-53</i> , 19 <i>53</i> , to <i>12-13-53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-13-53</i> , 19 <i>53</i> , and that death occurred at <i>6:20</i> A.M., from the causes and on the date stated above.			
23A. SIGNATURE <i>Stephen C. Cornwell</i> M. D.		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>12-14-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 17-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Middletown Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore County Md</i>		25. FUNERAL DIRECTOR ADDRESS <i>Edw. C. Tipton Hampstead Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 14 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

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W-363
53 11012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11012

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Edith B. Woodyard*

2. DATE OF DEATH *12-11-1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md* B. COUNTY *Balto.*

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *414 Pearl St*

6. CITY OR TOWN (If outside corporate limits, write (RURAL) and give township)
Balto.

7. STREET ADDRESS (If rural, give location)
414 Pearl St.

c. Length of stay in Baltimore
Yrs. Mos. Days

8. DATE OF BIRTH *July 26, 1901*

9. AGE (In years last birthday) *52*

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
New Windsor Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
Joseph Brightfull

14. MOTHER'S MAIDEN NAME
Lillie Garner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Elizabeth Maxwell

18. *422.1* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) *CARDIO VASCULAR DISEASE*
DUE TO
(B) *BROKEN COMPENSATION*
DUE TO
(C) *6 Mo's*
3 Mo's

19. DATE OF OPERATION *0*

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *JUNE 15, 1953*, to *DEC 11, 1953*, that I last saw the deceased alive on *DEC 11, 1953*, and that death occurred at *12 P.m.*, from the causes and on the date stated above.

23a. SIGNATURE
William Free

23b. ADDRESS
1928 Penna Ave

23c. DATE SIGNED
12/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
12/15/1953

24c. NAME OF CEMETERY OR CREMATORY
Mt Auburn m Balto

24d. LOCATION (City, town, or county) (State)
Md

DATE RECEIVED BY LOCAL REGISTRAR
DEC 14 1953

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
Mrs Kate R. Williams

ADDRESS
322 R Schroeder St

VS 150

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF DEATHS

1-11025

DEATH CERTIFICATE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH
MANNER OF DEATH
PLACE OF DEATH
DATE OF DEATH

NAME OF DECEASED

AGE OF DECEASED

SEX OF DECEASED

DATE OF BIRTH

PLACE OF BIRTH

DECEASED
DIRECTOR
JANUARY 1912

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11013****B-653**
3 11013
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM F BRYANT			2. DATE OF DEATH 12/11/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-07		
C. Length of stay in Baltimore 42 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3412 ELLIOTT ST		
5. SEX M	6. COLOR OR RACE W	7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 3/27/1900		9. AGE (In years last birthday) 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Chevrolet Plant			11. BIRTHPLACE (State or foreign country) WASH. D.C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ROBERT BRYANT			14. MOTHER'S MAIDEN NAME G. WOODY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS NONA BRYANT 3412 ELLIOTT ST
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) intracerebral hemorrhage DUE TO ANTECEDENT CAUSES Hypertensive cardiovascular disease DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/10 , 19 53 , to 12/11 , 19 53 that I last saw the deceased alive on 12/11 , 19 53 , and that death occurred at 5:10 a. m., from the causes and on the date stated above.					
23A. SIGNATURE William Lorman M. D.			23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 12/11/53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12/15/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		REGISTRAR'S SIGNATURE Huntington Holliman		25. FUNERAL DIRECTOR ADDRESS Clarence F. Hoffmann 1639 Broadway	

VS 150

544-35

1001 80

STAMP BY MACHINE

1001 80

1001 80

1001 80

MARGIN RESERVED FOR BINDING

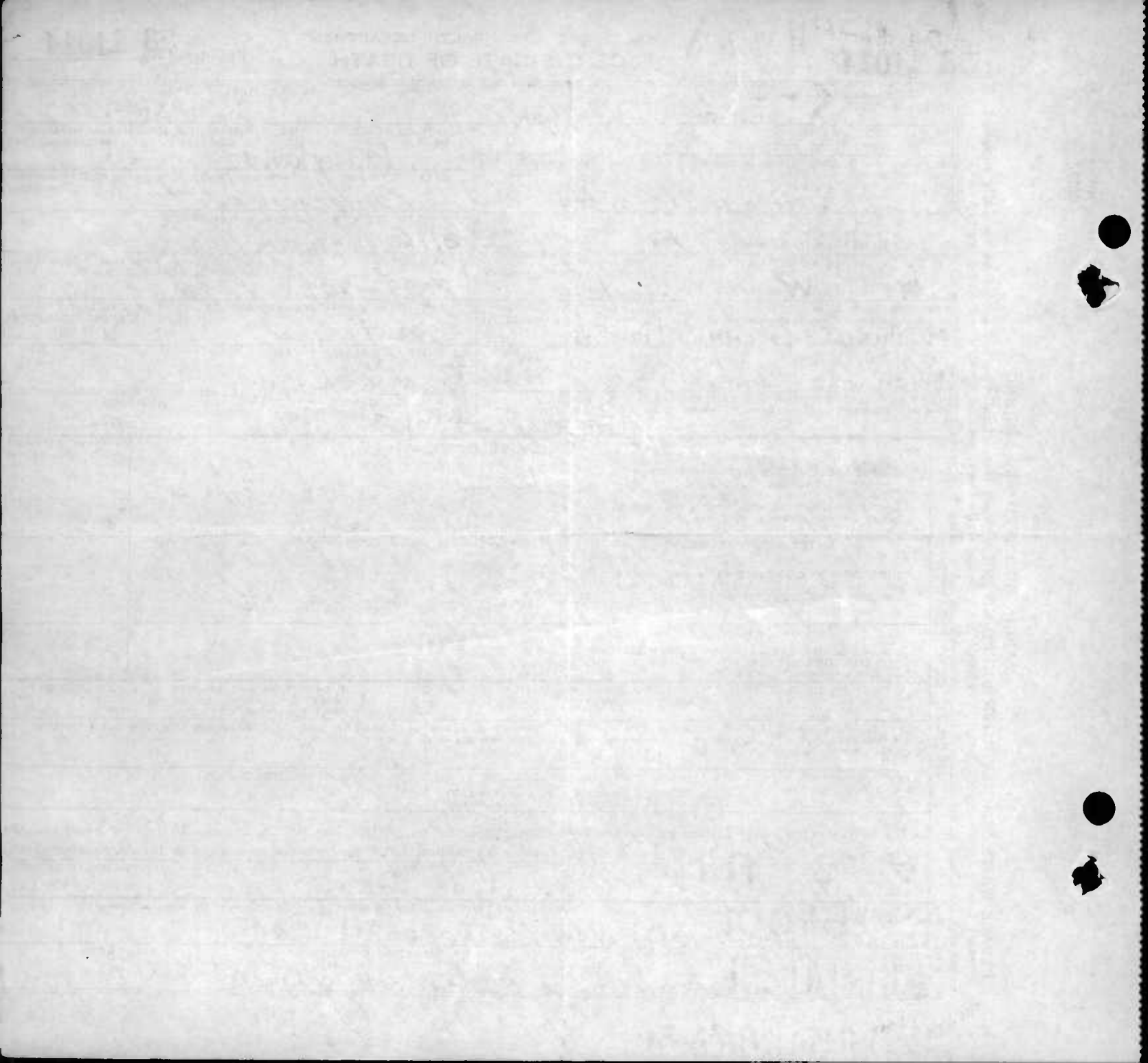
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-200
53 11014

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11014

1. NAME OF DECEASED (Type or Print) <i>Jerome J. Gough</i>		2. DATE OF DEATH <i>12-13-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>19</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3116 Marqdo Ave.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>8-28-1934</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist - Glenn L Martin</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>19 Yrs</i>
13. FATHER'S NAME <i>Michael Gough SR</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>213-32-1162</i>	17. INFORMANT <i>Father</i>
18. <i>391.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Brain abscess left</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>rupture into the ventricle.</i>		(B) <i>Otitis media left.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>Dec. 12</i> , 1953 to <i>Dec. 13</i> , 1953, that I last saw the deceased alive on <i>Dec. 13</i> , 1953, and that death occurred at <i>11:50 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Bench Ochoa M.D.</i>		23B. ADDRESS <i>A. Ochoa 1601 N. Cal</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 17-1953</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>		24D. LOCATION (City, town, or county) (State) <i>BALTO Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 14 1953</i>		REGISTRAR'S SIGNATURE <i>Leonard J. Luck</i>	
VS 130		FUNERAL DIRECTOR <i>544 ST</i>	



Dr. Lauriston L. Keown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department CERTIFICATE OF DEATH				Registered No. 53 11015	
1. NAME OF DECEASED (Type or Print) HERMON AVERY			2. DATE OF DEATH Dec. 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Gilman Apartments Calvert & 31st Sts.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 40 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Gilman Apts., Calvert & 31st Sts.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 25, 1883	9. AGE (In years last birthday) 70	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor			10B. KIND OF BUSINESS OR INDUSTRY Hatter & McNab		11. BIRTHPLACE (State or foreign country) Easton, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.			13. FATHER'S NAME David Charles Avery		
14. MOTHER'S MAIDEN NAME Harriett Mineah			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Elizabeth E. Avery Gilman Apartments		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute cardiac decompensation DUE TO Anterograde C. V. disease DUE TO years			INTERVAL BETWEEN ONSET AND DEATH 2 wks		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 12 , 19 53 , to 12 Dec , 19 53 that I last saw the deceased alive on 12 Dec , 19 53 , and that death occurred at 10:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Lauriston L. Keown		23B. ADDRESS 1938 Linden Avenue		23C. DATE SIGNED 12 - 14 - 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12 - 16 - 53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville, Maryland		25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Place			
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		REGISTRAR'S SIGNATURE Huntington Williams		VS 150 00081	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11016

B-626
53 11016

1. NAME OF DECEASED (Type or Print) JOSEPH M. BERGER			2. DATE OF DEATH 12-13-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 705		
B. FULL NAME OF HOSPITAL OR INSTITUTION 809 N. Wolfe St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 809 N. Wolfe Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 4th, 1879		9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) Lithographer (Retired)		10B. KIND OF BUSINESS OR INDUSTRY Printing	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harry Berger			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 129-05-7337	17. INFORMANT ADDRESS Stella M. Berger 809 N. Wolfe Street		
18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Carcinoma DUE TO with metastases ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inquiry + Inspection from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Francis J. Januszewski			23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/> 12-13-53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE December 16, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) Belair Rd Balto Maryland		25. FUNERAL DIRECTOR ADDRESS Frederick D. Miller, Inc 3019 Monument Street			
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		REGISTRAR'S SIGNATURE Huntington Williams			

April 18

RECEIVED

April 18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11017
 BIRTH NO.

Registered No. **53 11017**

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Charles S. Middleton			Dec 13 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 534 N. Linwood Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 49 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 534 N. Linwood Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Mar 4 1875		9. AGE (In years last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Patrolman		10B. KIND OF BUSINESS OR INDUSTRY Balto City Police	11. BIRTHPLACE (State or foreign country) Kent Co Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Perry W. Middleton			14. MOTHER'S MAIDEN NAME Ella Hersch		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Delma Roberts 439 N. Linwood Ave		

18. **422.1** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Arterio-sclerotic Vascular Disease** INTERVAL BETWEEN ONSET AND DEATH **about 3yrs**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hemorrhage into Lung** **3 days**

(C) **Emphysema of Lung** **about 3yrs**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) HO	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **January**, 19**49**, to **December**, 19**53**, that I last saw the deceased alive on **Dec. 12**, 19**53**, and that death occurred at **11:58P** m., from the causes and on the date stated above.

23. SIGNATURE <i>Arnold E. Marx</i>		23B. ADDRESS 516 Cathedral St.		23C. DATE SIGNED Dec. 14, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 17 1953	24C. NAME OF CEMETERY OR CREMATORY Baltimore	24D. LOCATION (City, town, or county) (State) Baltimore Md		

DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	FUNERAL DIRECTOR <i>Henry N. Amacork</i>	ADDRESS 4204 Ridgewood Ave
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VS 150

516 Cathedral St

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G-600 CERTIFICATE CORRECTED 1-6-54

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 11018

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ERNEST FRED GRAY

2. DATE
OF
DEATH

12/14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admision)

DISTRICT OF COLUMBIA

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

VETERANS ADMINISTRATION HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

WASHINGTON

D. STREET ADDRESS (If rural, give location)

2373 CHAMPLAIN ST., N.W.

c. Length of stay in Baltimore since 12/1/53

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Feb 7/7/07

9. AGE (In years
last birthday)

46

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHEF

10B. KIND OF BUSINESS OR
INDUSTRY

HOTEL

11. BIRTHPLACE (State or foreign country)

DESHLER, OHIO

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

NEAL GRAY

14. MOTHER'S MAIDEN NAME

LEAFY LILLEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

YES

(If yes, give war or dates of service)

7/10/42 - 2/16/43

16. SOCIAL
SECURITY NO.

265-09-2356

17. INFORMANT

ADDRESS

VA HOSPITAL RECORDS, VAH BALTO 18, MD.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) VENTRICULAR FIBRILLATION

2½ HRS.

DUE TO AORTIC CALCINOSIS AND
CORONARY ARTERIOSCLEROSIS

UNKNOWN

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12/14/53

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

VA

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1/53, 19, to 12/14/53, 19, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

VAH BALTIMORE 18, MARYLAND

23C. DATE SIGNED

12/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

12-14-53

24C. NAME OF CEMETERY OR CREMATORY

GILBERT. DUBBS

24D. LOCATION (City, town, or county)

DESHLER, OHIO.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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1943

CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 11019**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSHUA W. JONES, Jr.

2. DATE
OF
DEATH

12/12/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

VA HOSPITAL, BALTO 18, MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MARYLAND**

c. CITY OR TOWN (If outside corporate limits, write R. I. and give township)

BALTIMORE 18, MARYLAND

d. STREET ADDRESS (If rural, give location)

2317 MARYLAND AVENUE

c. Length of stay in Baltimore

1 Yrs.
- Mos.
- Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

3/27/09

9. AGE (In years last birthday)

44

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

USED CAR SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY

AUTOMOBILE

11. BIRTHPLACE (State or foreign country)

CALVERT COUNTY, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

JOSHUA W. JONES, SR.

14. MOTHER'S MAIDEN NAME

GARNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

YES

12/8/42 - 12/6/45

16. SOCIAL SECURITY NO.

571-01-5772

17. INFORMANT

VA HOSPITAL RECORDS

ADDRESS

18. **002X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **FIBROCASEOUS TUBERCULOSIS, BILATERAL**

UNKNOWN

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

VA

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/30/53**, 19 **to 12/12/53**, 19 **and that death occurred at 11:40 p.m., from the causes and on the date stated above.**

23A. SIGNATURE

W.P. Benson, Jr.

23B. ADDRESS

VA HOSPITAL, BALTO 18, MD.

23C. DATE SIGNED

12/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-15-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Natl

24D. LOCATION (City, town, or county) (State)

Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 14 1953

REGISTRAR'S SIGNATURE

Wilmington William

25. FUNERAL DIRECTOR

Mildred T. Bleight 6009 Hayford Rd

ADDRESS

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MINISTRE DES TRAVAUX PUBLICS
CENTRE DE RECHERCHE

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11020

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11020

1. NAME OF DECEASED (Type or Print) LEROY CEIZER MURRILL			2. DATE OF DEATH Dec. 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Charles & 34th Sts.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Charles & 34th Sts.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1885		9. AGE (In years, last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Addressograph		10B. KIND OF BUSINESS OR INDUSTRY Business Machines	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James L. Murrill			14. MOTHER'S MAIDEN NAME Fannie Wheeler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or unknown) No		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Mrs. Ida F. Murrill Chas. & 34th St.		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH A. Coronary thrombosis DUE TO B. arteriosclerosis DUE TO C. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 7, 1953, to Dec 13, 1953, that I last saw the deceased alive on Dec 10, 1953, and that death occurred at 1 P. M., from the causes and on the date stated above.					
23A. SIGNATURE Harry D. McCarthy			23B. ADDRESS Cambridge Arms Apt		23C. DATE SIGNED 12/14/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/15/53		24C. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, Mortuary Co. Inc. Baltimore			
DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953		VS 150			

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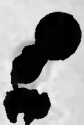
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-523
11021

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11021
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA H. MINSTER

2. DATE
OF
DEATH

Dec. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Ingram Hall Apts. #204
7301 Park Hgts. Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

7301 Park Hgts. Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Oct. 14, 1873

9. AGE (In years
last birthday)

80

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Nathan Hess

14. MOTHER'S MAIDEN NAME

Bertha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT ADDRESS Ave.

Mrs. Myron Oppenheimer 3308 Strathmore

MEDICAL CERTIFICATION	18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) DUE TO		Cerebral hemorrhage, l.		
	(B) DUE TO		Arterio-sclerosis		
ANTECEDENT CAUSES		(C) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 1951, to Dec. 1953, that I last saw the deceased alive on Dec. 2, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE Nathan B. Sherman	23B. ADDRESS 1041 St. Paul St.	23C. DATE SIGNED 12/14/53
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	24B. DATE 12/15/53	24C. NAME OF CEMETERY OR CREMATORY Oheb Shalom Cem.
24D. LOCATION (City, town, or county) Baltimore, Md.		

DATE RECEIVED BY LOCAL REGISTRAR DEC 14 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR M. J. Fisher & Son Inc	ADDRESS Baltimore, Md.
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11022
Registered No.

A-123 53 11022 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11022 Registered No.	
1. NAME OF DECEASED (Type or Print) NICHOLAS (NICK) APOSTOLEDES			2. DATE OF DEATH 12-13-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE md. b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION Balto City Hospital D.O.A.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex Balto. County		
c. Length of stay in Baltimore 35 yrs			d. STREET ADDRESS (If rural, give location) 7604 Carson ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 21, 1887	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook			10b. KIND OF BUSINESS OR INDUSTRY Cardigan Restaurant		
11. BIRTHPLACE (State or foreign country) Greece			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Stephen Apostolides			14. MOTHER'S MAIDEN NAME Mary Kraitsa		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes (If yes, give war or dates of service) WWI			16. SOCIAL SECURITY NO. 212-09-2050		
17. INFORMANT Michael S. Apostolides			ADDRESS 7604 Carson		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY ARTERY SCLEROSIS			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an PARTIAL AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE Joseph A. Jachimczyk M.D.			23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		
23c. DATE SIGNED 12-13-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-16-53		24c. NAME OF CEMETERY OR CREMATORY Lorraine	
24d. LOCATION (City, town, or county) Balto.		(State)			
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W. Cole ADDRESS 1913 W. Balto. St.	
VS 151 75464					

1055

CERTIFICATE OF DEATH

1915

APRIL 1915

NAME OF DECEASED

JOHN J. HENRY

DATE OF DEATH

APRIL 1915

PLACE OF DEATH

NEW YORK CITY

CAUSE OF DEATH

HEART DISEASE

AGE

65

SEX

MALE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-155 **53 11023** **BIRTH NO.** **03-30746** **BALTIMORE CITY HEALTH DEPARTMENT** **CERTIFICATE OF DEATH** **53 11023** **Registered No.**

1. NAME OF DECEASED (Type or Print) MARTNA LOUISE HOFFMAN		2. DATE OF DEATH 12-12-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY BALTO.	
B. FULL NAME OF HOSPITAL OR INSTITUTION 34 Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ARBUTUS 27 5351	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1239 Poplar Ave	
5. SEX Female	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12-9-53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months: 3 Days: 3
11. BIRTHPLACE (State or foreign country) M.D.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME MELTON LOUIS Hoffman		14. MOTHER'S MAIDEN NAME BERTHA MARCELLA WAGNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Melton Hoffman ADDRESS 1239 Poplar Ave
18. 760.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) INTRACRANIAL HEMORRHAGE DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-9-1953 to 12-12-1953 , that I last saw the deceased alive on 12-12-1953 and that death occurred at 8:30 a. m. , from the causes and on the date stated above.			
22A. SIGNATURE William C. Presbury M. D.		23. ADDRESS Bon Secours Hosp.	23C. DATE SIGNED 12-12-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-14-53	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24D. LOCATION (City, town, or county) (State) Balto.
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR George H. Cole ADDRESS 1913 W. Balto. St.	

VS 150

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WALLEY
CONGRESS
BOND
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U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-433 53 11024 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11024 Registered No.	
1. NAME OF DECEASED (Type or Print) Archer B. Hilditch			2. DATE OF DEATH Dec 11 1953		
3. PLACE OF DEATH a. Baltimore City, Maryland b. FULL NAME OF (If not in hospital or institution, give street address or location) St Josephs Hospital c. Length of stay in Baltimore Yrs. Mos. Days			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Maryland b. COUNTY Balto c. CITY OR TOWN Baltimore d. STREET ADDRESS (If rural, give location) 1633 E. 33rd St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 18, 1899	9. AGE (If 18 yrs last birthday) 54	10. Under 1 Year Months Days Under 24 Hours Hours Min.
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Bricklayer William H. Hilditch			14. MOTHER'S MAIDEN NAME Elizabeth Mace		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W W 2		16. SOCIAL SECURITY NO. 215-05-7060	17. INFORMANT ADDRESS Mrs Geo. R. Soth 1633 E. 33rd St.		
18. 446X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Uremia due to Nephrosclerosis (B) Cardiac Failure (C)		
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 1 1953, 19, to Dec 11, 1953, that I last saw the deceased alive on Dec 11, 1953, and that death occurred at 11:05 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Dec 11 1953		23B. ADDRESS 11:05		23C. DATE SIGNED 12 11 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE dec. 15, 1953		24C. NAME OF CEMETERY OR REPOSITORY (City, town, or county) (State) Lorraine Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS A. Cole 1913 W. Balto	

CODE TAKEN BY

NAME _____

ADDRESS _____

DATE _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-254

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

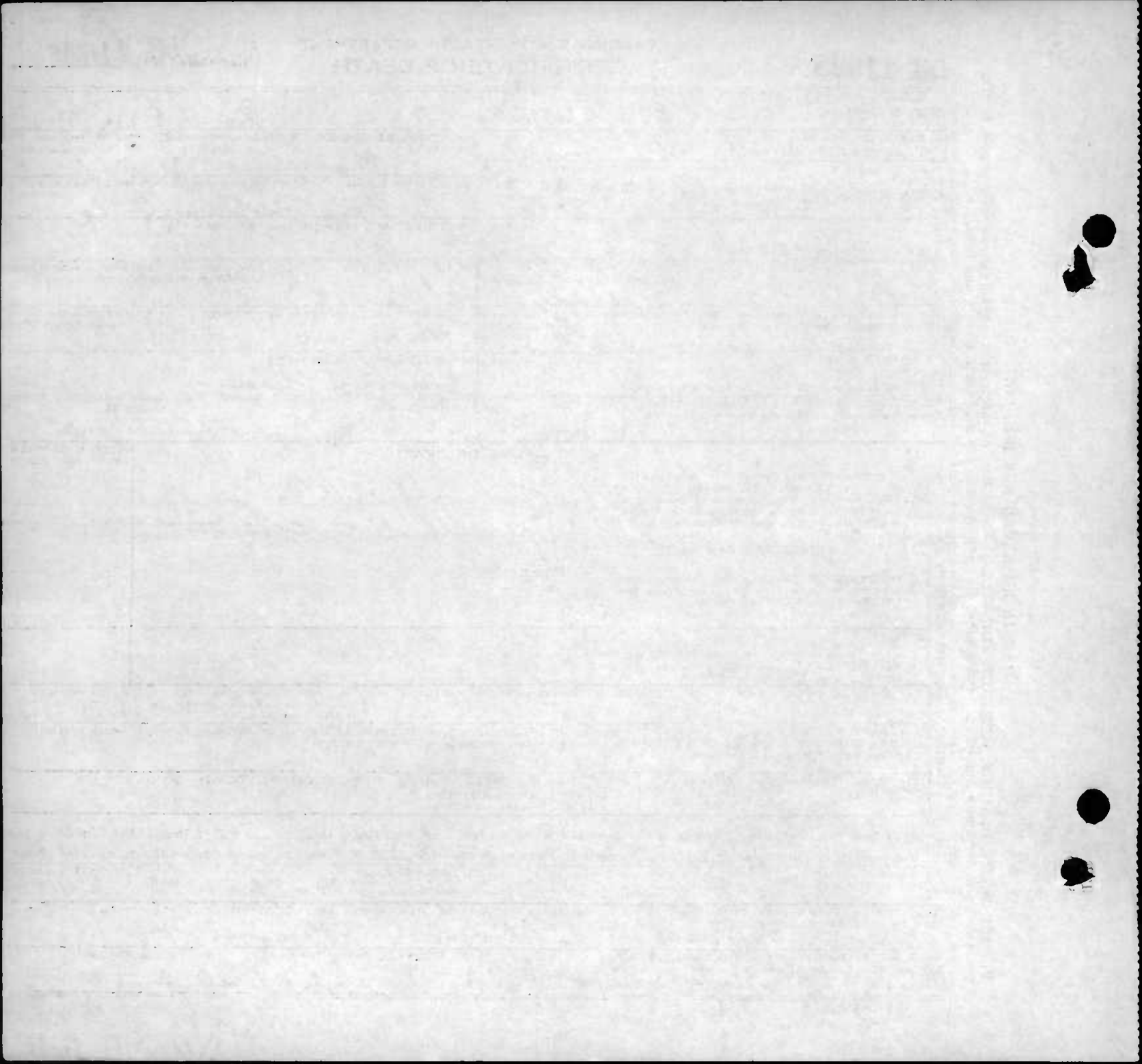
Registered No. 53 11025

53 11025
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUIS JUSEMIHL		2. DATE OF DEATH 12/14/1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital Baltimore - 1, Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Reisterstown (Quincy Mills)	
c. Length of stay in Baltimore 0		D. STREET ADDRESS (If rural, give location) 5300	
5. SEX Male	6. COLOR OF RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/10/1870
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired music teacher		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80
13. FATHER'S NAME Tjark B. Jusemihl		14. MOTHER'S MAIDEN NAME Christina Thesel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Tjark B. Jusemihl
18. 150X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of esophagus with distant metastasis			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11/18, 1953 , to 12/14, 1953 , that I last saw the deceased alive on 12/14, 1953 , and that death occurred at 8:30 P.M. from the causes and on the date stated above.			
23A. SIGNATURE Walter H. Byerly		23B. ADDRESS University Hosp., Baltor-1, Md.	23C. DATE SIGNED 12/14/1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 17-53	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	24D. LOCATION (City, town, or county) (State) Pikeville Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953		25. FUNERAL DIRECTOR J. F. Elene - Sons Reisterstown Md	
REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11026****53 11026**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**JAMES****T.****TAYLOR Jr.**2. DATE
OF
DEATH**12-13-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **St. Joseph's Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

724 Bartlett Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

7/9/539. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.**5**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James T. Taylor, Sr.

14. MOTHER'S MAIDEN NAME

Dorothy J. Bocklage15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Jas. T. Taylor, Sr. Above address18. **795.5**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Unknown**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

R. J. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
12-14-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 14-1953

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill

24D. LOCATION (City, town, or county)

Lowry Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul St.

1. 17. 54

John Boyle tells us
Med. Examiner Hoff
can give nothing
further than "Undersown".

ES.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-530				BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53-11027		
53-11027				CERTIFICATE OF DEATH				
1. NAME OF DECEASED (Type or Print) <i>Mrs. Keziah Hunt</i>				2. DATE OF DEATH <i>DEC 14/53</i>				
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>Baltimore</i>				
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>St. Agnes Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>				
c. Length of stay in Baltimore Yrs. <i>40</i> Mos. <i>13-07</i> Days <i>838 W 36th St</i>				D. STREET ADDRESS (If rural, give location)				
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>MAY 10, 1885</i>		9. AGE (In years last birthday) <i>68</i>	10. Under 1 Year Months: <i>6</i> Days: <i>0</i>	11. Under 24 Hours Hours: <i>0</i> Min: <i>0</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>				10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>				13. FATHER'S NAME <i>MOSES BARNES</i>				
14. MOTHER'S MAIDEN NAME <i>FLORENCE BOSNELL</i>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>-</i>				
16. SOCIAL SECURITY NO. <i>-</i>				17. INFORMANT ADDRESS <i>ELMER C. HUNT-838 W 36th St.</i>				
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) <i>Coronary thrombosis with myocardial infarction.</i> DUE TO <i>myocardial infarction.</i> (B) <i>Hypertensive cardiovascular disease.</i> DUE TO <i>hypertensive disease.</i> (C) <i>-</i>				INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		21G. HOW DID INJURY OCCUR?		21H. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Dec. 12</i> , 19 <i>53</i> , to <i>Dec. 14</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Dec. 14</i> , 19 <i>53</i> , and that death occurred at <i>4:30 A.M.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Wenck Ocho, M.D.</i>				23B. ADDRESS <i>St. Agnes' Hospital</i>		23C. DATE SIGNED <i>Dec. 14-53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 17/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Providence</i>		24D. LOCATION (City, town, or county) (State) <i>Gambel, Md.</i>		
LOCAL REGISTRAR <i>DEC 15 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>E. Donovan</i>		ADDRESS <i>3818 Roland Ave</i>		

UNITED STATES OF AMERICA

ROAD

X WIND-ROCK

AMERICA

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-625		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 11028	
53 11028		BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		MEYER (SAM) GROSSMAN		2. DATE OF DEATH 12-13-53	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Md			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
3334 Belvedere Ave		Baltimore 27-18			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
40 Yrs. Mos. Days		3334 Belvedere Ave			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
male	white	married		50	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager		Radio Business		Russia	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Morris		Tillie			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Tillie Grossman - same	
18. CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
I					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) Coronary Thrombosis					1 day
DUE TO					
II					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(B) Coronary Artery Disease					6 months
DUE TO					
(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
0					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			
22. I hereby certify that I attended the deceased from 9/27, 1953, to 11/13, 1953, that I last saw the deceased alive on 12/13, 1953, and that death occurred at 5 P. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
L. J. J. J.		2320 E. 1st St.		12/14/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		12-15-53		Shaarer T. Philo	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore, Md		J. J. J. J.		2100 Cent Ave	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			
DEC 15 1953		Huntington Williams			
VS 150					

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2020 February
Antares Pe

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-430

53 11029

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11029
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Anna FELD</i>		2. DATE OF DEATH <i>12/14/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN <i>Baltimore</i> D. STREET ADDRESS <i>3403 Piedmont Ave</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>		E. RURAL (If outside corporate limits, write RURAL and give township)	
C. Length of stay in Baltimore <i>40</i> Yrs. <i>40</i> Mos. <i>40</i> Days		F. RURAL (If rural, give location)	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Work</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>54</i>
13. FATHER'S NAME <i>Harry Spivak</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Ida</i>	
17. INFORMANT <i>Louis Feld</i>		ADDRESS <i>Same</i>	
18. <i>260X</i>		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>Uremia</i>	
ANTECEDENT CAUSES		(B) <i>diabetes mellitus</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypertensive arteriosclerotic Cardiovascular heart disease</i>			
19A. DATE OF OPERATION <i>0</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/9/53</i> , to <i>12/14</i> , 1953 that I last saw the deceased alive on <i>12/13</i> , 1953, and that death occurred at <i>7:30</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>William Lorman</i>		23B. ADDRESS <i>Sinai Hospital</i>	23C. DATE SIGNED <i>12/14/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12-15-1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>11-15-1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Just Louis Inc</i>		ADDRESS <i>2100 Eutaw Place</i>	

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UNITED STATES

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F. 321

53 11030

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11030

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED DR PAUL (Type or Print) <u>Vincent Fitzpatrick</u>		2. DATE OF DEATH <u>12/13/53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bon Secours Hosp. Md.</u> <u>2025 W. Fayette St Balto, Md.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>12-02</u>			
C. Length of stay in Baltimore <u>63</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>306 E. University Pkwy Balto 18</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/19/90</u>	9. AGE (In years last birthday) <u>63</u>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>News paper Man.</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>News paper.</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Patrick Fitzpatrick</u>		14. MOTHER'S MAIDEN NAME <u>Bridget Donnellan</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS <u>Dr. Vincent & P. Fitzpatrick 300 E. 30th St.</u>	
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Occlusion with Approx 10 days</u> DUE TO <u>Posterior Myocardial Infarction</u> ANTECEDENT CAUSES <u>Generalized Arteriosclerosis</u> DUE TO _____ (C) _____		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>12/8</u> , 19 <u>53</u> , to <u>12/13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12/13</u> , 19 <u>53</u> , and that death occurred at <u>9:45</u> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Samuel J. Byrne Jr.</u>		23B. ADDRESS <u>2025 W. Fayette St</u>		23C. DATE SIGNED <u>12/13/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12/16/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>		25. FUNERAL DIRECTOR <u>W. W. Meeks and Son 805 N. Calvert St.</u>		ADDRESS <u>805 N. Calvert St.</u>	

VS 150
DEC 15 1953

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19 11030

SANITARY CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1903

DATE OF DEATH
PLACE

AGE

SEX

RACE

EDUCATION

RELIGION

OCCUPATION

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

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MARGIN RESERVED FOR BINDING

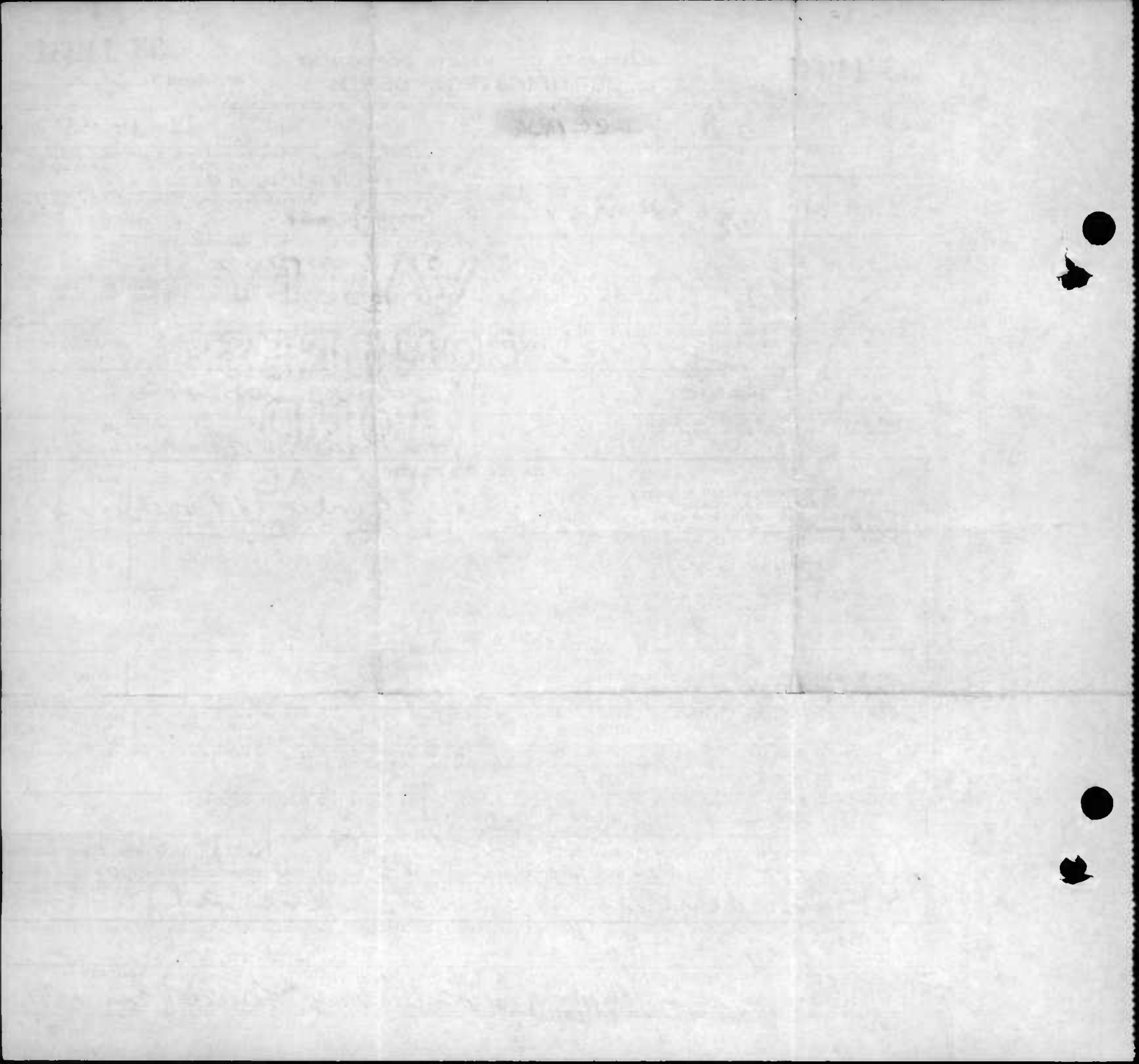
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11031 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH Registered No. 53 11031

BIRTH NO. 53 30254 Baby Boy Paceirski

1. NAME OF DECEASED (Type or Print) B. B. Paceirski		2. DATE OF DEATH 12-14-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryl and B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
c. Length of stay in Baltimore 2 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 517 Lawrence St. LAURENS	
5. SEX m.	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12-12-53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 2 If Under 1 Year Months: Days: If Under 24 Hours Mln.
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Paceirski		14. MOTHER'S MAIDEN NAME Pauline Lopata	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT John Paceirski		ADDRESS 517 Lawrence St.	
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) prematurity (28 weeks)		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH 2 d.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-12 , 19 53 to 12-14 , 19 53 that I last saw the deceased alive on 12-14 , 19 53 , and that death occurred at 3:30 m., from the causes and on the date stated above.			
23A. SIGNATURE Rita Scheller		23B. ADDRESS Mercy Hospital	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/15/53	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953		25. FUNERAL DIRECTOR H. W. Meeks	
REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS Don 505 N. Calvert St.	

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11032

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11032

BIRTH NO. 53 11032

1. NAME OF DECEASED (Type or Print) WARREN W. ROBINSON			2. DATE OF DEATH 12/10/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 8 Mos. N. Days Stockton			D. STREET ADDRESS (If rural, give location) 8 N. Stockton		
5. SEX Male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7/12/1892	9. AGE (In years last birthday) 61	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (State or foreign country) RICHMOND, VA.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME LETTIE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES		(If yes, give war or dates of service) W.W.#1	16. SOCIAL SECURITY NO.		17. INFORMANT ETHEL M. ROBINSON(W)
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. F. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 12/10/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12/15/53	24C. NAME OF CEMETERY OR CREMATORY BALTO. NAT'L. CEM.	24D. LOCATION (City, town, or county) (State) BALTO. MD.		
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR CHARLES G. COOPER-512 CARROLLTON AV.		ADDRESS	

V S 151

97024 Charles H. Cooper

July 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 11033BIRTH NO. 53 110331. NAME OF DECEASED
(Type or Print)*Edward Palmer*2. DATE
OF
DEATH*12-10-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE *Maryland* B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*39**Provident Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-02

D. STREET ADDRESS (If rural, give location)

1517 W. Mosher St.

c. Length of stay in Baltimore

*39 yrs.*Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*Negro*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Divorced*

8. DATE OF BIRTH

*Aug. 1, 1900*9. AGE (In years
last birthday)*53*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*unemployed*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*British, W. I.*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Samuel Palmer

14. MOTHER'S MAIDEN NAME

*?*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*No*

(If yes, give war or dates of service)

*None*16. SOCIAL
SECURITY NO.*216-12-0901*

17. INFORMANT

ADDRESS

*Dorothy Palmer-1131 W Franklin St*18. *434.3*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Heart Failure

DUE TO

ANTECEDENT CAUSES

(B)

Coronary Hypertrophy of the Heart

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.*Chronic Passive Congestion of the
Lungs, Liver & Kidney*

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov. 11*, 19*53*, to *Dec. 10*, 19*53*, that I last saw the
deceased alive on *Dec. 10*, 19*53*, and that death occurred at *1:25* a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Reynolds

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

*12-11-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*BURIAL*

24B. DATE

12/15/53

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEMETERY

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 15 1953
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

CHARLES G. COOPER-512 CARROLLTON AV

ADDRESS

VS 150

Charles G. Cooper 512 Carrollton Av

10/10/10

Edward Holmes

17-10-23

Marjorie
R. C.

President of the

George

J. H. H.

Marjorie R. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

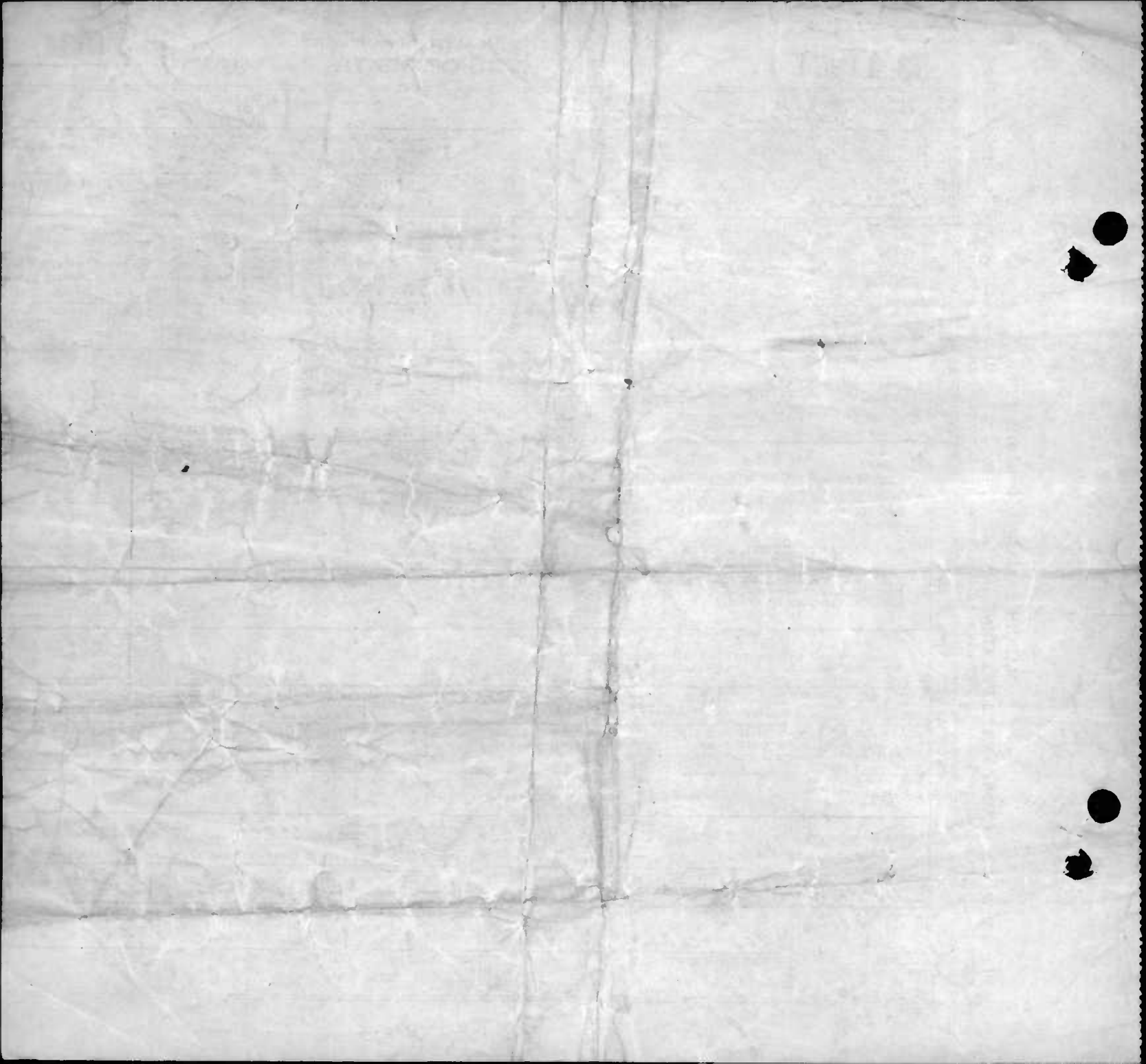
5-530
53 11034

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11034

1. NAME OF DECEASED (Type or Print) <i>Pauline Smith</i>		2. DATE OF DEATH <i>12-11-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-01</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>426 N. Fremont Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>12/13/1923</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	9. AGE (In years last birthday) Months Days Hours Min. <i>29</i>
13. FATHER'S NAME <i>John Harris</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Elsie Smith</i>	
17. INFORMANT <i>Mrs. Elsie Smith</i>		ADDRESS <input checked="" type="checkbox"/> <i>426 N. Fremont Ave</i>	
18. <i>002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Pulmonary Tuberculosis</i> DUE TO (B) _____ DUE TO (C) _____	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>0</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-11</i> , 19 <i>53</i> , to <i>12-11</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-11</i> , 19 <i>53</i> , and that death occurred at <i>11:34</i> a.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Louis M. Ford</i>	M. D.	23B. ADDRESS <i>University Hosp.</i>	23C. DATE SIGNED <i>12-12-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12/13/1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 15 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>W. H. Halestead</i>	
ADDRESS <i>915 Spring Hill Ave</i>			

Vs 150
7208A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11035
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11035
Registered No.

1. NAME OF DECEASED (Type or Print) Lenora Watkins			2. DATE OF DEATH DEC 12 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Halsted R. Room			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write R.U.R.L. and give township) Baltimore 15-01		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1333 N. Stockton St		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-23-23		9. AGE (In years, last birthday) 29
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balt., Md.	
13. FATHER'S NAME Leonard Watkins			14. MOTHER'S MAIDEN NAME Elizabeth Brown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	

18. 180X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (Pulmonary) metastatic Renal Carcinoma		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Death (B) Post Oper Pneumonectomy Pt (C) and Pulmonary Edema		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 12-11-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED metastatic Renal Carcinoma		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **12-8-**, 1953 to **12-12-**, 1953 that I last saw the deceased alive on **12-12-**, 1953, and that death occurred at **1 A** m., from the causes and on the date stated above.

23A. SIGNATURE James P. Isaac		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12-12-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 16, 1953		24C. NAME OF CEMETERY OR CREMATORY Wt. Auburn	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. BURIAL DIRECTOR Huntington Williams, Jr.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.			

2 per

James M. Smith

1857

of the same name

and his family

James M. Smith

1857

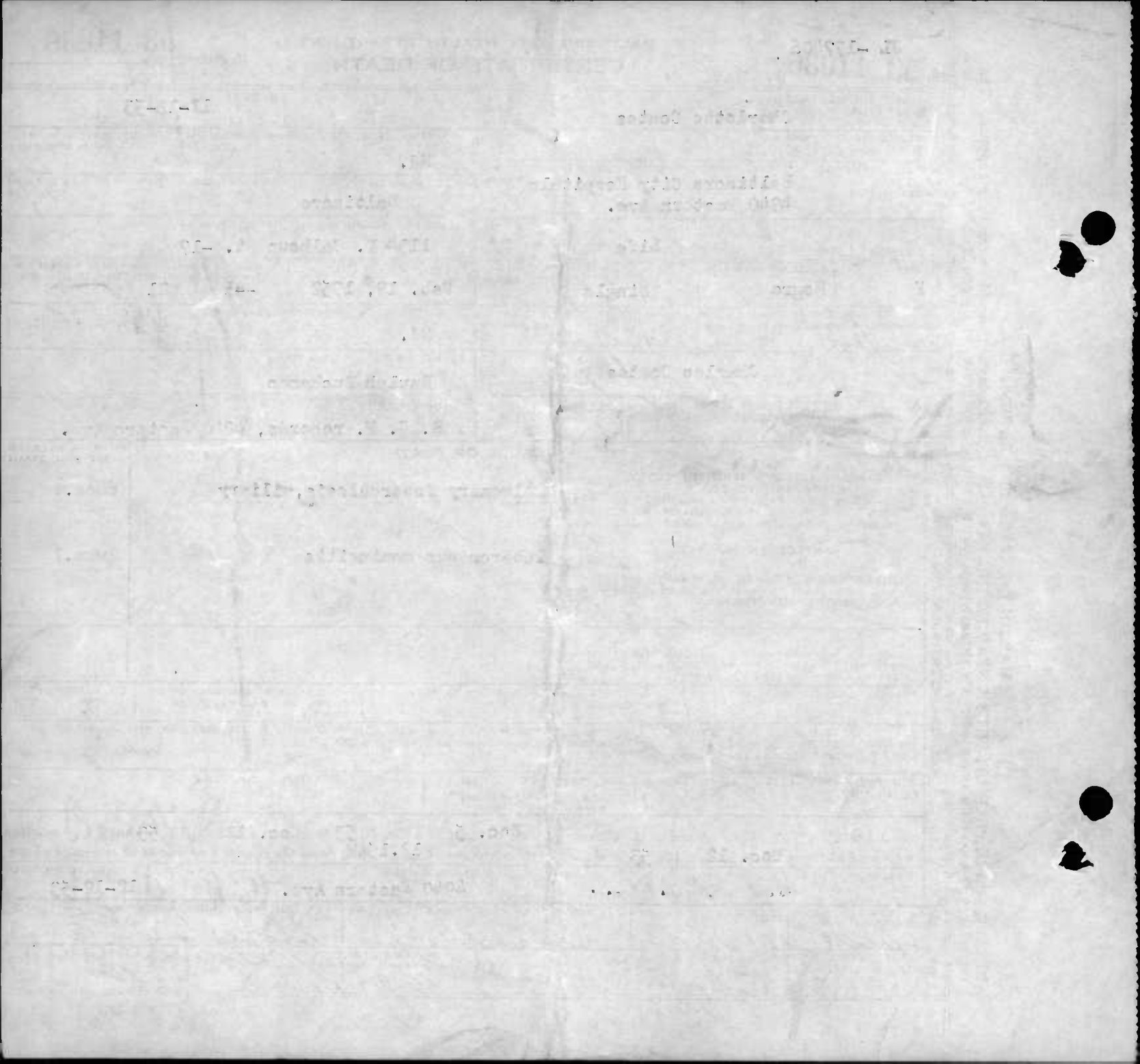
1857

James M. Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

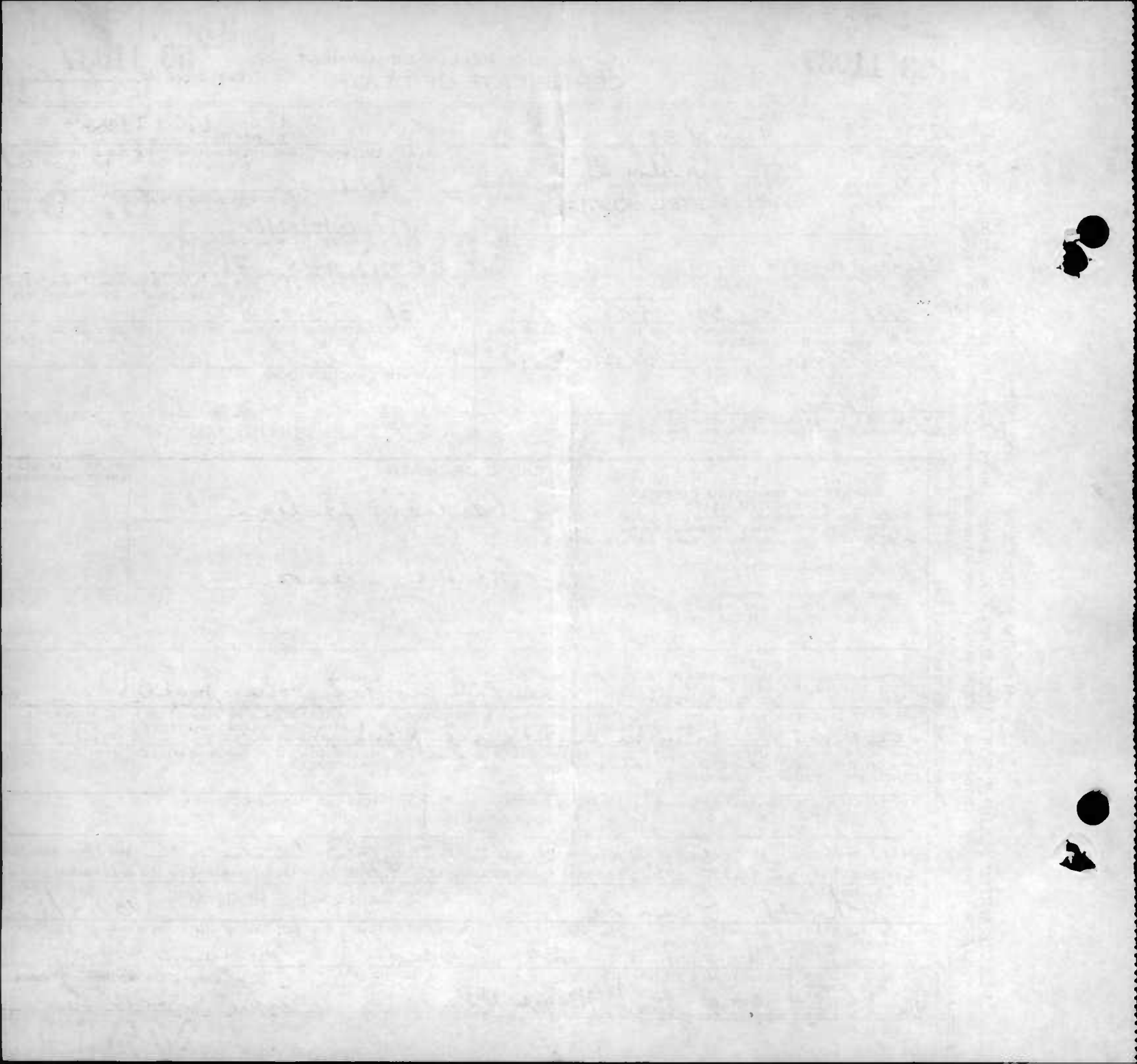
Baltimore City Health Department				53 11036	
Certificate of Death				Registered No.	
BIRTH NO. 53 11036				JL -177406 52-03971	
1. NAME OF DECEASED (Type or Print) Charlotte Coates				2. DATE OF DEATH 12-12-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 1134 N. Calhoun St. -17	
5. SEX F	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 19, 1952	9. AGE (In years last birthday) -31	10. Under 1 Year Months: Days 21
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10B. KIND OF BUSINESS OR INDUSTRY Infant	
11. BIRTHPLACE (State or foreign country) Md.				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Coates				14. MOTHER'S MAIDEN NAME Beulah Buchanan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.	
17. INFORMANT B. C. H. records, 4940 Eastern Ave.				ADDRESS	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis, miliary (A) DUE TO Tuberculous meningitis (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				INTERVAL BETWEEN ONSET AND DEATH 6mos.? 2wks.?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION Dec. 5		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. HOW DID INJURY OCCUR?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 5 , 19 53 to Dec. 12 , 19 53 that I last saw the deceased alive on Dec. 12 , 19 53 and that death occurred at 12.15AM , from the causes and on the date stated above.					
23A. SIGNATURE H. P. John Doe		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 12-12-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 15, 1953		24C. NAME OF CEMETERY OR CREMATORY Johnsville Cem.	
24D. LOCATION (City, town, or county) (State) Edinburgh, Md.		24E. NAME OF CEMETERY OR CREMATORY Johnsville Cem.		24F. LOCATION (City, town, or county) (State) Edinburgh, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Funeral Home	
VS 150		25. FUNERAL DIRECTOR Funeral Home			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-000		BALTIMORE CITY HEALTH DEPARTMENT		53 11037	
53 11037		CERTIFICATE OF DEATH		Registered No. 53 11037	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Turner Lee		DEC 13 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		D. STREET ADDRESS	
JOHNS HOPKINS HOSPITAL		Md. Baltimore		Lutherville	
c. Length of stay in Baltimore		E. STREET ADDRESS		SEMINARY AVE. 5300	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
male	colored	m.	7-30-73	80	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Saidner	Gardening	La Plata, Md.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	17. INFORMANT ADDRESS			
John Lee	Fanny Hart	JOHNS HOPKINS HOSPITAL			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	18. CAUSE OF DEATH			
		I			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Cardiac failure		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B) Aortic stenosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
Dec 11, 1953		Benign prostatic hyperplasia		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-12-1953 to 12-13-1953 that I last saw the deceased alive on 12-13-1953 and that death occurred at 1:35 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
John H. Arcadi		JOHNS HOPKINS HOSPITAL		12/13/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Dec. 16, 1953		Mt. Moriah	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Towson, Md.		Huntington Williams, M.D.		1607 Druid Hill Ave	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
DEC 15 1953		Huntington Williams, M.D.			
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11038
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11038

1. NAME OF DECEASED (Type or Print) <i>Samuel L. Haydon</i>			2. DATE OF DEATH <i>Dec. 12, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2023 Etting St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-03</i>		
C. Length of stay in Baltimore <i>50 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>2023 Etting St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 14, 1883</i>	9. AGE (In years, last birthday) <i>68</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seaman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Merchant Marine</i>		11. BIRTHPLACE (State or foreign country) <i>Northumberland Co. Pa.</i>	
13. FATHER'S NAME <i>Henry Haydon</i>			14. MOTHER'S MAIDEN NAME <i>Mollie Lee</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>2023 Etting St.</i>		
18. <i>442X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>CARDIO VASCULAR RENAL DISEASE</i> 5 yrs. DUE TO <i>CEREBRAL HEMORRHAGE</i> 1 yr. DUE TO (C) _____			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 2, 1948</i> to <i>Dec 12, 1953</i> , that I last saw the deceased alive on <i>Dec 7, 1953</i> , and that death occurred at <i>4:40 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William Frey</i> M.O.			23B. ADDRESS <i>1928 Penna Ave</i>		23C. DATE SIGNED <i>12/15/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec. 15, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk.</i>	24D. LOCATION (City, town, or county) (State) <i>Balds Co. Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 15 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		FUNERAL DIRECTOR'S SIGNATURE <i>David Hill</i>	

10011-85

10011-85



F.626

53 11039

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11039

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Celementina C. Frazier

2. DATE
OF
DEATH

Dec. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1433 William St.

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

1433 William St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 28, 1884

9. AGE (In years
last birthday)

69yrs.

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Fureshi

14. MOTHER'S MAIDEN NAME

Isabellle ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Margaret Colburn 1433 William St.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Hypertension Cardiovascular Disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11, 1950, to Dec. 13, 1953, that I last saw the
deceased alive on Dec. 12, 1953, and that death occurred at 6:33 m., from the causes and on the date stated above.

23A. SIGNATURE

A. P. Funder

23B. ADDRESS

1319 Lyster St.

23C. DATE SIGNED

12/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Frederick Ave. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

KRAUSE FUNERAL HOME 12163 CHARLES S

VS 150

BALTO. 30 Md.

11-200

53 11040

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11040

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN NOWACKI

2. DATE
OF
DEATH

December 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital of Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

26-02

D. STREET ADDRESS (If rural, give location)

4404 VALLEY VIEW AVE

C. Length of stay in Baltimore

55 Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 28, 1898

9. AGE (In years last birthday)

55

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BUILDER

10B. KIND OF BUSINESS OR INDUSTRY

CONSTRUCTION

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Wenceslaus Nowacki

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS Mary C Nowacki - SAME

1E.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ACUTE MYOCARDIAL INFARCTION

1 DAY

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ACUTE CORONARY THROMBOSIS

1 DAY

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 14, 1953 to December 14, 1953 that I last saw the deceased alive on Dec. 14, 1953 and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

William D. Rosson M.D.

23B. ADDRESS

Lutheran Hospital of Maryland

23C. DATE SIGNED

Dec. 14, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-17-1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTO

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

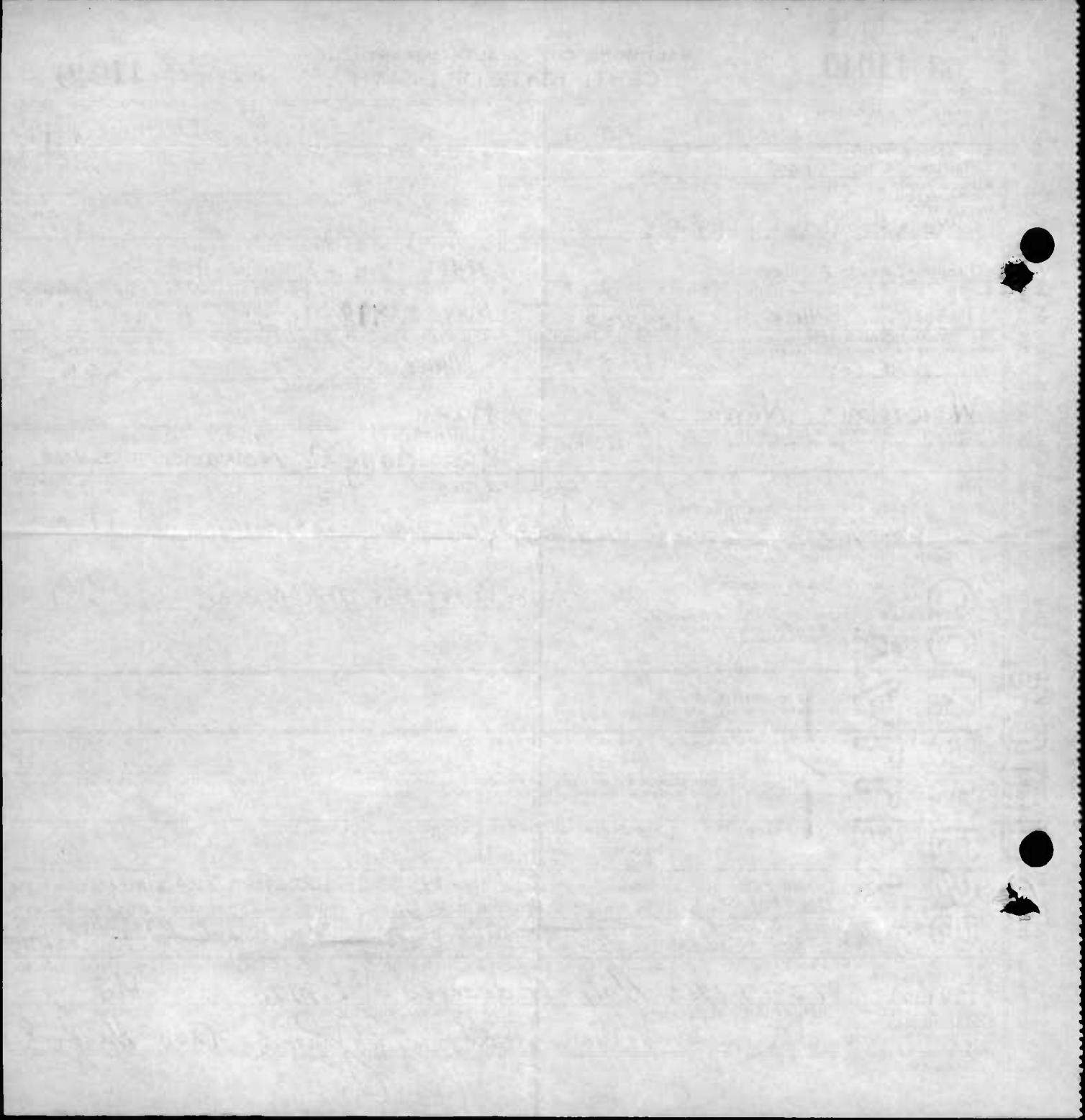
ADDRESS

Leonard Gluck

5305 Harford

VS 150

29024



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11041
Registered No.53 11041
BIRTH NO.

1. NAME OF DECEASED (Type or Print) SALLY DRAKE			2. DATE OF DEATH 12-12-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland South Balto Hosp			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 25-06		
c. Length of stay in Baltimore Life time			D. STREET ADDRESS (If rural, give location) 3306 Weedon ave. Fairfield		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 4, 1930	9. AGE (In years last birthday) 23 yrs	10. Under 1 Year: Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Drake			14. MOTHER'S MAIDEN NAME Dealia Tallie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. **581.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary edema**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute and chronic alcoholism
Fatty metamorphosis of liver

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachimczyk

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

12-12-53

24A. BURIAL, CREMATION, OR REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**12/16/53****Mt. Calvary****a. a. co md**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

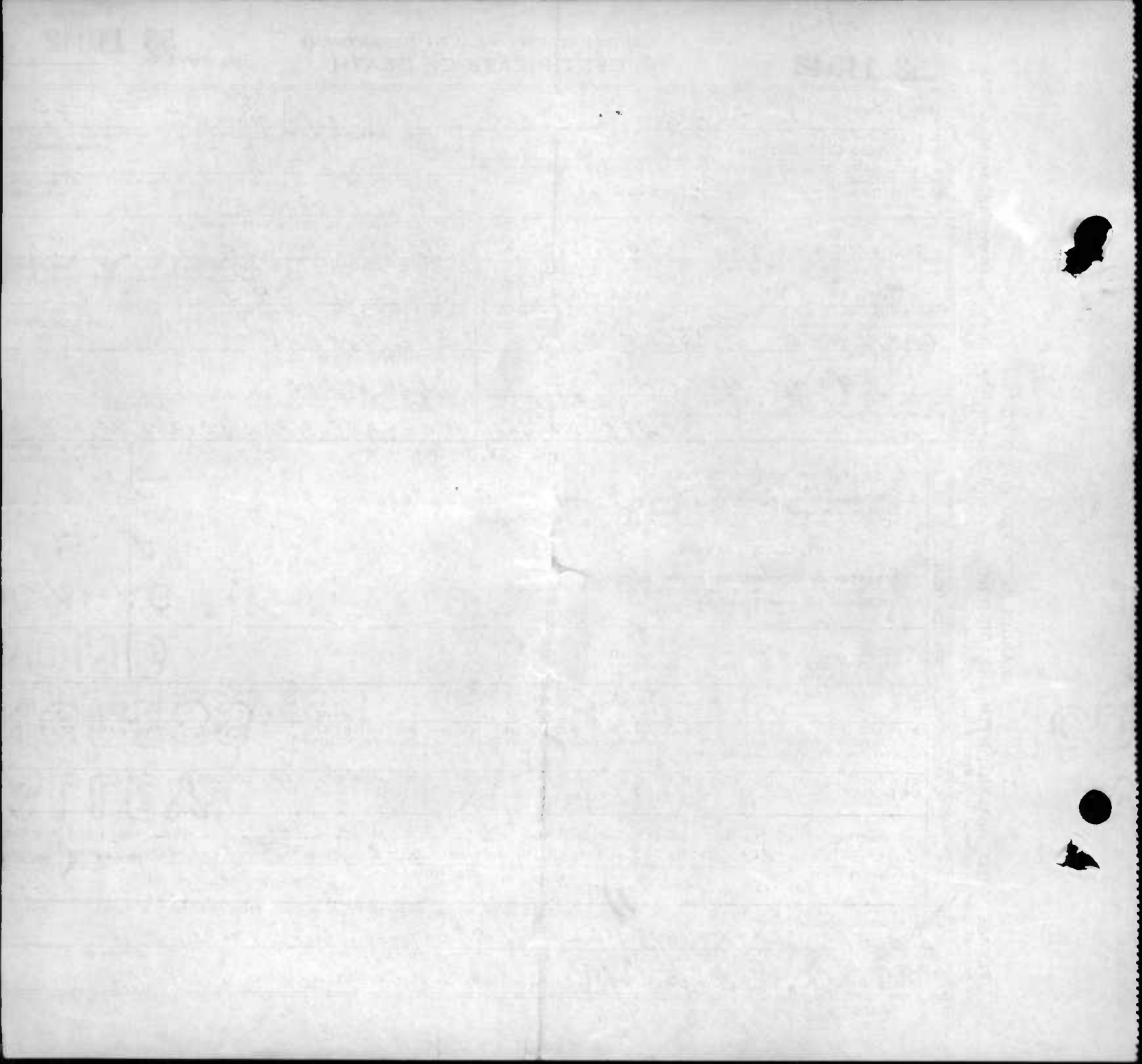
DEC 15 1953**Huntington Williams, Jr.****James A. Sayre 6384 Gilmor St**

[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-450		BALTIMORE CITY HEALTH DEPARTMENT		53 11042	
53 11042		NOLAN		Registered No. 53 11042	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) FRANK NOLAN.		2. DATE OF DEATH 12. 13. 1953.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 7-03		D. STREET ADDRESS (If rural, give location) 913 N. CHESTER ST	
c. Length of stay in Baltimore 45 YRS.		Yrs. Mos. Days		5. DATE OF BIRTH JUNE 2, 1908 45	
6. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		9. AGE (In years last birthday) 45	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10B. KIND OF BUSINESS OR INDUSTRY GEN. COBBING		11. BIRTHPLACE (State or foreign country) BALTIMORE	
13. FATHER'S NAME FRANK NOLAN		14. MOTHER'S MAIDEN NAME IDA WEBER		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 218-07-6600		17. INFORMANT ADDRESS MARGARE NOLAN 913 N. CHESTER ST	
18. 42011 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Acute Myocardial infarct			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Cardiac failure			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 6, 1953, to 12. 13., 1953, that I last saw the deceased alive on Dec. 13, 1953, and that death occurred at 2:00 P.m., from the causes and on the date stated above.					
23A. SIGNATURE Morris M. Goldberger M.D.		23B. ADDRESS Sinai Hospital, Balto. Md.		23C. DATE SIGNED 12. 15. 53.	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-17-1953		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	
24D. LOCATION (City, town, or county) BALTO. C, MD		24E. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER		24F. LOCATION (City, town, or county) BALTO. C, MD	
DATE RECEIVED BY LOUIS REGISTRAR DEC 15 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS FR. CVACH & SON 900 N. CHESTER ST	



M-650

53 11043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11043
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Mary E. Moran			2. DATE OF DEATH Dec. 13/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION 354 S. Smallwood St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			26-44		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3525 E/ Fayette St					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Sept. 3, 1884	9. AGE (In years last birthday) 69	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Dannenfelser				14. MOTHER'S MAIDEN NAME Mary C. Knight				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Wm. L. Moran, 354 S. Smallwood St				
18. 164X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Mediastinal Carcinoma (A) DUE TO			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDER- LAYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from June , 19 53 to 12/13 , 19 53 , that I last saw the deceased alive on 12/5 , 19 53 and that death occurred at 7 A m., from the causes and on the date stated above.								
23A. SIGNATURE Julius H. Goodman			23B. ADDRESS 3400 E. Belts			23C. DATE SIGNED 12/15/53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 17/53		24C. NAME OF CEMETERY OR CREMATORY Lorraine Pk.		24D. LOCATION (City, town, or county) (State) Woodlawn, Balto. 7, Md.		
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Harry L. Pitz		ADDRESS 4101 Edmondson Ave.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-610 53 11044		CERTIFICATE CORRECTED 12-21-53 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11044 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <u>BERTHA E. THORP</u>			2. DATE OF DEATH <u>12/14/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>BALTO. CITY</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Sinai Hosp.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTO.</u> <u>1-05</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>237 S. Chester</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>D</u>	8. DATE OF BIRTH <u>Dec. 7, 1900</u>	9. AGE (In years last birthday) <u>53</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Greenbrier County, W. Va.</u>
13. FATHER'S NAME <u>Abraham Cutlip</u>			14. MOTHER'S MAIDEN NAME <u>Lydia Hanna</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Bessie Thorp. 237 S. Chester St.</u>		
18. <u>171X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <u>GENERALIZED CARCINOMATOSIS</u> DUE TO (B) <u>CARCINOMA OF THE CERVIX</u> DUE TO (C)		
INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>12/15/53</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/19</u> , 19 <u>53</u> , to <u>12/14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12/14</u> , 19 <u>53</u> , and that death occurred at <u>9:20 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Norman L. Fisher</u>		23B. ADDRESS <u>Sinai Hosp.</u>		23C. DATE SIGNED <u>12/15/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
<u>Removal</u>		<u>12/15/53</u>		<u>Levensburg W. Va.</u>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR			
<u>BALTO.</u>		<u>Levensburg W. Va.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 15 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Phelps</u>	
VS 150				<u>2024</u> <u>Colman</u>	

UNITED STATES DEPARTMENT OF AGRICULTURE

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-17743
C-7743
53 11045

CERTIFICATE AMENDED 4/5/51 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11045

1. NAME OF DECEASED (Type or Print)		Rosetta Cofield Or Rosie Cofield		2. DATE OF DEATH 12-12-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		Baltimore City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		5 days?		D. STREET ADDRESS (If rural, give location) 1060 W. Fayette St. zone 23	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 8-1895	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, (earn retired)) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) North Carolina	
12. CITIZEN OF U.S.A.		13. FATHER'S NAME Warren Gilliam		14. MOTHER'S MAIDEN NAME Loving?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT 4940 Eastern Ave. Records: Baltimore City Hospitals	
18. 446X I CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia				10 days?	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic nephrosclerosis					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchopneumonia					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-7-1953, to 12-12-1953, that I last saw the deceased alive on 12-12-1953, and that death occurred at 9.45A m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 12-12-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-16-53		24C. NAME OF CEMETERY OR CREMATORY WESTERN STAR	
24D. LOCATION (City, town, or county) (State) CATONSVILLE, Md		24E. FUNERAL DIRECTOR Huntington Williams		24F. ADDRESS Melroy Wilson 1001 Brandywine	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953		REGISTRAR'S SIGNATURE Huntington Williams		7208A	

See query reply in Document file.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

53 11046

Registered No.

53 11046 52-26836 CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) Sammuel Clark			2. DATE OF DEATH December 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland H L H & W			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-04 D. STREET ADDRESS (If rural, give location) 1928 N. Poyson St.		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL					
c. Length of stay in Baltimore 5 days					
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10-26-53	9. AGE (In years last birthday) 1	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10B. KIND OF BUSINESS OR INDUSTRY none		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Charlie Clark			14. MOTHER'S MAIDEN NAME Elizabeth Grimes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
17. INFORMANT JOHNS HOPKINS HOSPITAL			ADDRESS		

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH Isbroelastosis Endocardium		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		(B) DUE TO		(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Pneumonia	
19A. DATE OF OPERATION 7	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12-4 , 1953, to 12-9 , 1953, that I last saw the deceased alive on 12-9 1953, and that death occurred at m. , from the causes and on the date stated above.			
23A. SIGNATURE Amberg		23B. ADDRESS JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED 12-11-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-15-53	24C. NAME OF CEMETERY OR CREMATORY Wm. Calvary Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR W. L. Brown ADDRESS 1000 Bland St	

Birth Cert. - 52-26836

Date of Birth - 10/26/52

Surname - GRIMES

53 11047

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11047

Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
JOHN ELLIS		12-14-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1619 E. Lombard Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) D	8. DATE OF BIRTH 7/29/09
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10B. KIND OF BUSINESS OR INDUSTRY 861 Greenmount Ave.	9. AGE (in years last birthday) 44
11. BIRTHPLACE (State or foreign country) Greenville, Co. Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Richard Ellis		14. MOTHER'S MAIDEN NAME Georgia Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. XXXX	17. INFORMANT ADDRESS Ola Vincent Emporia, Va.
18. E880.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Ethyl and Methyl Alcohol Poisoning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) unknown	
21C. WHERE DID INJURY OCCUR? unknown		21D. TIME (Month) (Day) (Year) (Hour) unknown	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? apparently drank some wood alcohol	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE J. H. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED 12-14-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/16/53	
24C. NAME OF CEMETERY OR CREMATORY Emporia, Va.		24D. LOCATION (City, town, or county) (State) Emporia, Va.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstmen St.		ADDRESS	
VS 151 N 961.0 29024 Geo. G. Kelson			

Oxygen

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11048

Registered No.

53 11048

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE

OSBORNE ABRAMS

2. DATE
OF
DEATH

12-14-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE University Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-01

D. STREET ADDRESS (If rural, give location)

1379 QUANTICOX Street Woodyear

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9/ /02

9. AGE (In years
last birthday)

51

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Wm. Bowman

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

17

James Simms 2562 McCulloch St. Balto.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

12-14-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/17/53

24C. NAME OF CEMETERY OR CREMATORY

St. Peters

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

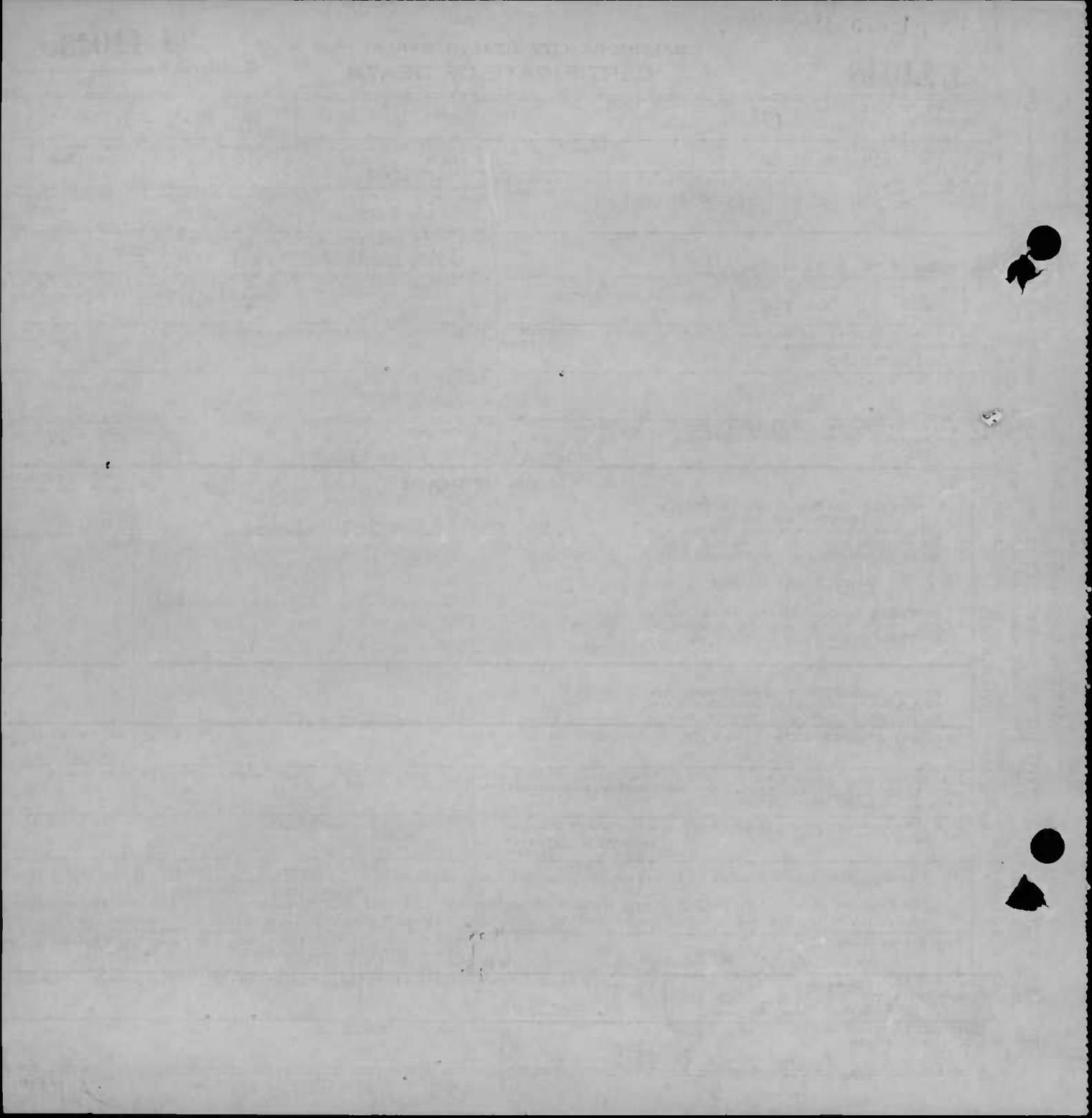
ADDRESS

DEC 15 1953

Geo. G

V S 151

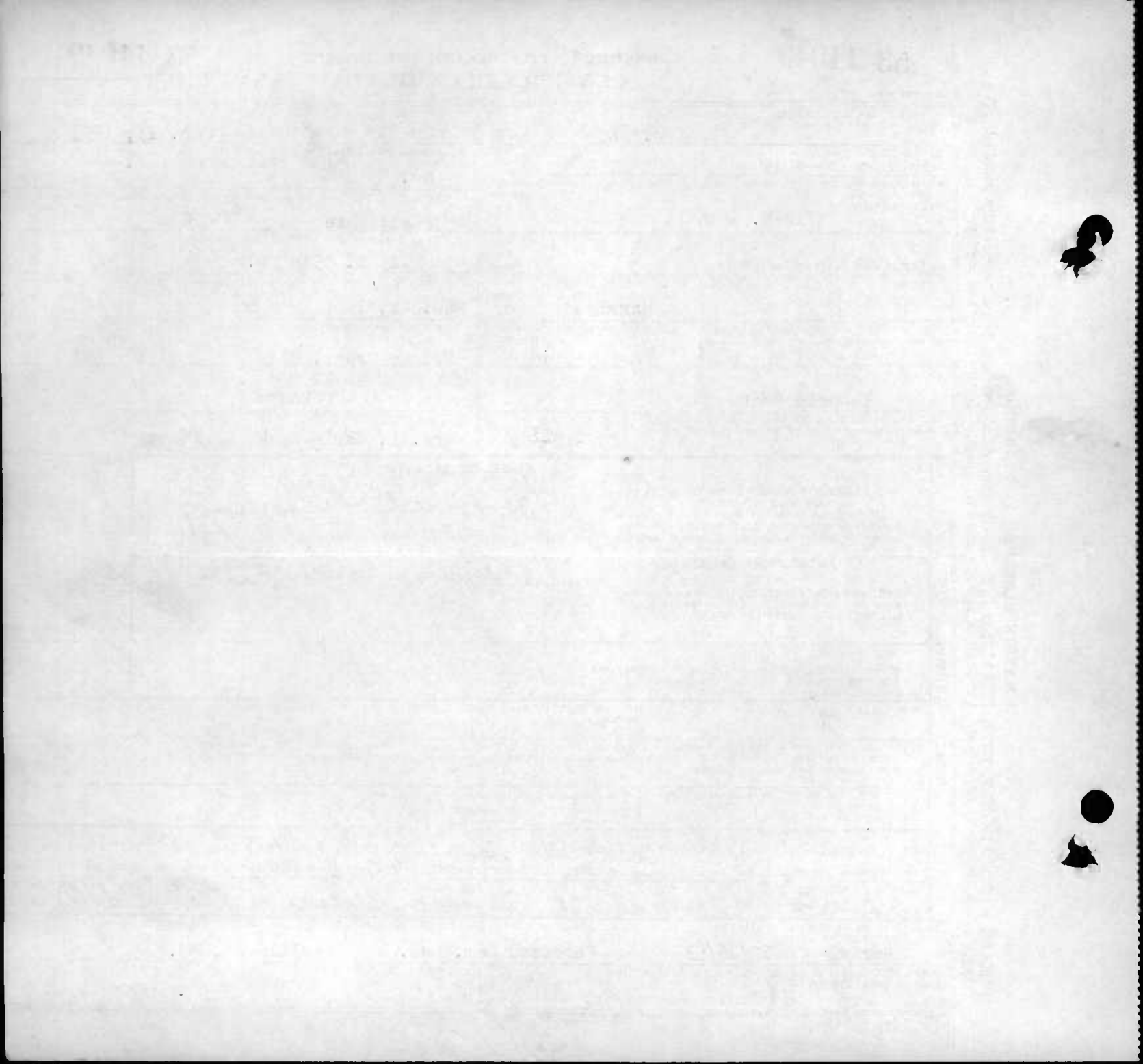
7208 Geo. G. Kelson 1303



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11049	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
FRANK J. BECK			Dec. 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE		
712 E. 35th St			Md.		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Yrs. Mos. Days			Baltimore 9-03		
D. STREET ADDRESS (If rural, give location)			713 E. 35th St.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
M	W	Married	Feb. 21, 1887	66	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
Electrical Engineer			Bridge Creek, Mich		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
Construction			USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Leopold Beck			Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
No			212-10-3554		
17. INFORMANT			ADDRESS		
Mrs. I. Marie Beck			Above		
18. CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				1 yr	
ANTECEDENT CAUSES				5 yr	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1950, to Dec 13, 1953, that I last saw the deceased alive on 10/26, 1953, and that death occurred at 949 m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Thomas H. Worsley		2900 Alameda Blvd		12/15/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		12/16/53		Moreland Mem. Cem.	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		ADDRESS	
Baltimore, Md.		Thos. J. Beckner		Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
DEC 15 1953		H. H. Williams		Thos. J. Beckner	
04424					



H-320
53 11050BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11050

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Oliver Rodney Hiteshew*2. DATE
OF
DEATH*12-13-53*

3. PLACE OF DEATH:

a. Baltimore City, Maryland

2917 Oakhill Ave

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

a. STATE

Same

b. COUNTY

b. FULL NAME OF
HOSPITAL OR
INSTITUTION*None*

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto 7 MD 28-02

d. STREET ADDRESS (If rural, give location)

2917 OAKHILL AVE

c. Length of stay in Baltimore

*57*Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

*12-26-1882*9. AGE (In years
last birthday)*70*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Maintenance - for Gas & Elec Co*10b. KIND OF BUSINESS OR
INDUSTRY*Gas & Elec Co*

11. BIRTHPLACE (State or foreign country)

*Throntown MD*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

Oliver Milton Hiteshew

14. MOTHER'S MAIDEN NAME

*Maud Segalose*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.*1*

17. INFORMANT

Mrs Herbert Moley Washington 18 DC

10.

*331X*DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

*Arterio sclerosis*INTERVAL BETWEEN
ONSET AND DEATH*See back
of sheet**20 yrs?*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-1-40*, 19*40*, to *12-13-53*, that I last saw the
deceased alive on *11-3-53*, and that death occurred at *see back page* m., from the cause and of the date stated above.

23a. SIGNATURE

H. D. Harper

23b. ADDRESS

5701 Bergen Oak Ave

23c. DATE SIGNED

*12/14/53*24a. BURIAL, CREMA-
TION, REMOVAL (Specify)*BURIAL*

24b. DATE

12/17/53

24c. NAME OF CEMETERY OR CREMATORY

WOODLAWN CEM

24d. LOCATION (City, town, or county)

WOODLAND MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Wm. A. Decker, Low Inc Balto MD

DEC 15 1953

5545E

Neighbors saw Mr. Hiteshew
tending his fire (furnace) at 7 P.M.
on 12-13-53 - Police came to have
me see him at 6.25 P.M. on 12/14/53

Regor Mortis had set in some hours
before I saw him - so death had occurred
sometime between 7 P.M. on 12/13/53 and
6 P.M. 12/14/53 when the police went into
his home.

He was lying prone in a hallway
between dining room + bathroom - a
small amount of blood was hardened
on the floor beneath his nose.

The medical investigator (Dr. McLaughlin)
with whom I spoke - authorized my signing
the death certificate
H. W. Harper

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-623
53 11051BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11051

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SADIE T. WRIGHT

2. DATE
OF
DEATH

Dec. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2211 W. Rogers Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2211 W. Rogers Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Dec. 15, 1873

9. AGE (In years,
last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John T. Wright

14. MOTHER'S MAIDEN NAME

Josephine Trice

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-09-0767 A

17. INFORMANT ADDRESS
Mr. Howard P. Wright 2919 Erdman Ave

18. 331 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

10 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1, 1953 to December 12, 1953 that I last saw the
deceased alive on December 12, 1953, and that death occurred at 2:30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Davies, M. D.

23B. ADDRESS

800 West 33rd Street

23C. DATE SIGNED

12-15-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/16/53

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, Jr.

Mr. C. F. Schaefer, 1000 N. Baltimore

1001

1001



H- 300 11052

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11052
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR. WILSON P. HAIG

2. DATE
OF
DEATH

12/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lutherville

D. STREET ADDRESS (If rural, give location)

2 Garden Road

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 19 1896

9. AGE (In years last birthday)

57

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance Engineer WESTERN ELEC CO.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF WHAT COUNTRY?

America

13. FATHER'S NAME

Mr. Arthur Haig

14. MOTHER'S MAIDEN NAME

Mrs. Alice Selkirk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. ~~Haig~~ Laura Haig same

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic heart disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12/1/53, 19, to 12/13/53, 19, that I last saw the deceased alive on 12/13/53, 19, and that death occurred at 11:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Hugh M. Brown M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

12/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12/13/53

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD CEMETERY

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TAYLOR & SONS INC. BALTO MD.

NOV 11 1952

NOV 11 1952

RECEIVED

U.S. DEPARTMENT OF AGRICULTURE

U.S. DEPARTMENT OF AGRICULTURE

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U.S. DEPARTMENT OF AGRICULTURE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11053

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK		2. DATE OF DEATH 12-14-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore About 40 yrs.		D. STREET ADDRESS (If rural, give location) 3111 River Drive Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-23-1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator		10B. KIND OF BUSINESS OR INDUSTRY Bethlem Steel Co.	9. AGE (In years last birthday) 56
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Gregory Bancewicz		14. MOTHER'S MAIDEN NAME Agnes Kuczynski	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 616-10-5536	
17. INFORMANT Mrs. Anna Bancewicz		ADDRESS	

18. **443X** I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Hypertensive Cardiovascular Disease
(A) DUE TO

ANTECEDENT CAUSES

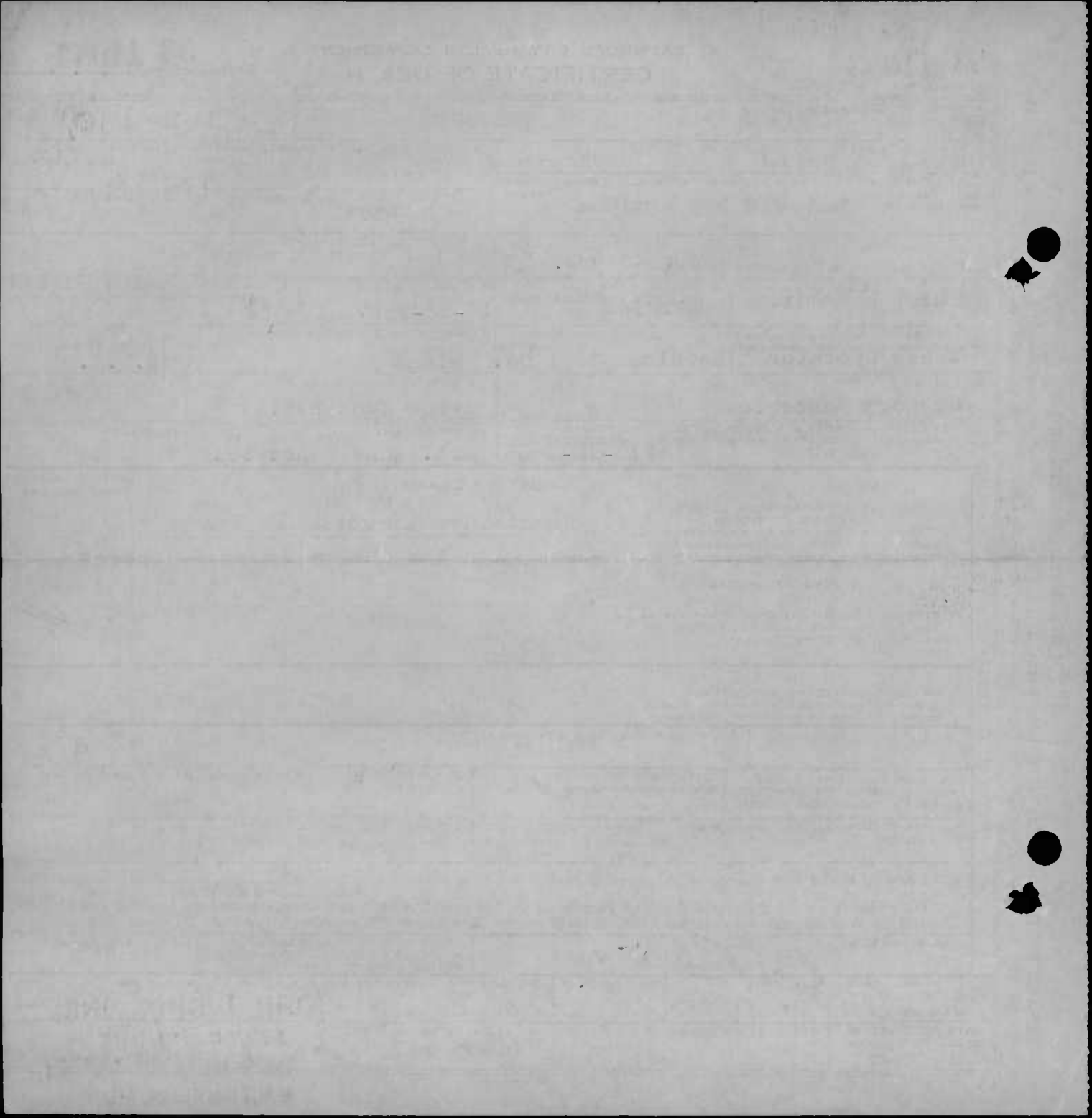
(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 12-14-53

24A. BURIAL, CREMATION REMOVAL (Specify) Burial	24B. DATE 12-18-1953	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	24D. LOCATION (City, town, or county) (State) JOHN J. DUDA, INC. Inc. Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953		25. FUNERAL DIRECTOR FUNERAL HOME 2829 HUDSON ST. BALTIMORE 24, MD.	



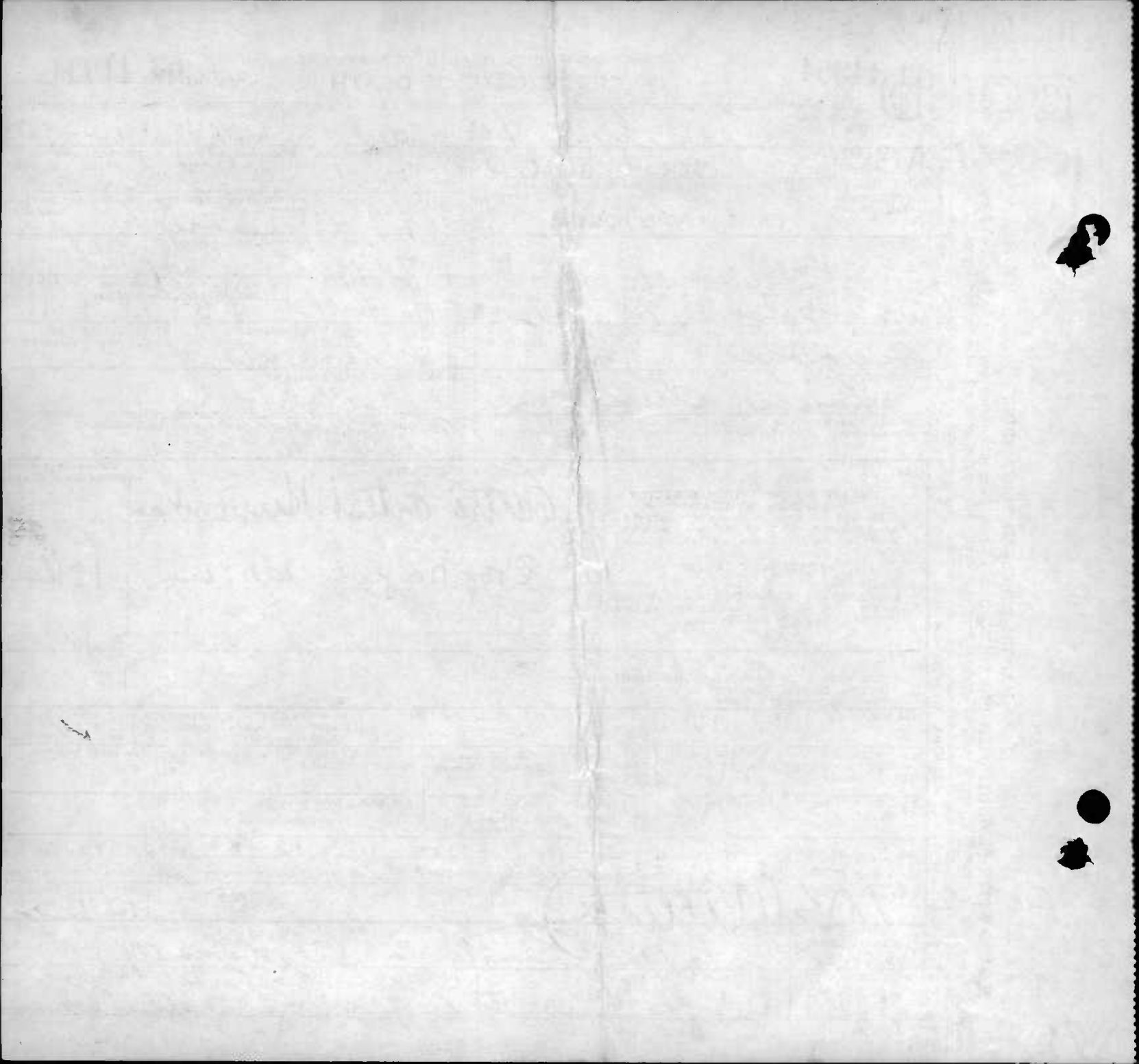
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B.650
53 11054
BIRTH NO.BRIAN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11054

1. NAME OF DECEASED (Type or Print) <i>Arabella Brian</i>			2. DATE OF DEATH <i>Dec. 14, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Opl. 4</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>10-02</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2</i>		
D. STREET ADDRESS (If rural, give location) <i>744 N. Gay St</i>			E. Yrs. Mos. Days		
c. Length of stay in Baltimore	5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11-5-10</i>	9. AGE (In years last birthday) <i>43</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Potomouth, Va</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Louis Steel</i>			14. MOTHER'S MAIDEN NAME <i>Katie</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>Mr. Randolph Brian</i> <i>JOHNS HOPKINS HOSPITAL</i> <i>744 N. Gay St</i>		
18. <i>462.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Antecedent Causes</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Esophageal varices 18kn</i>			CAUSE OF DEATH <i>Gastro-Intest. Hemorrhage</i> INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>✓</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-12-1953</i> to <i>12-14-1953</i> , that I last saw the deceased alive on <i>12-14-1953</i> , and that death occurred at <i>2:00 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. S. Matthews</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>12-15-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Dec. 16, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Family Lot Potomouth, Va</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>W. S. Matthews</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 15 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>1631 Druid Hill Ave</i>	

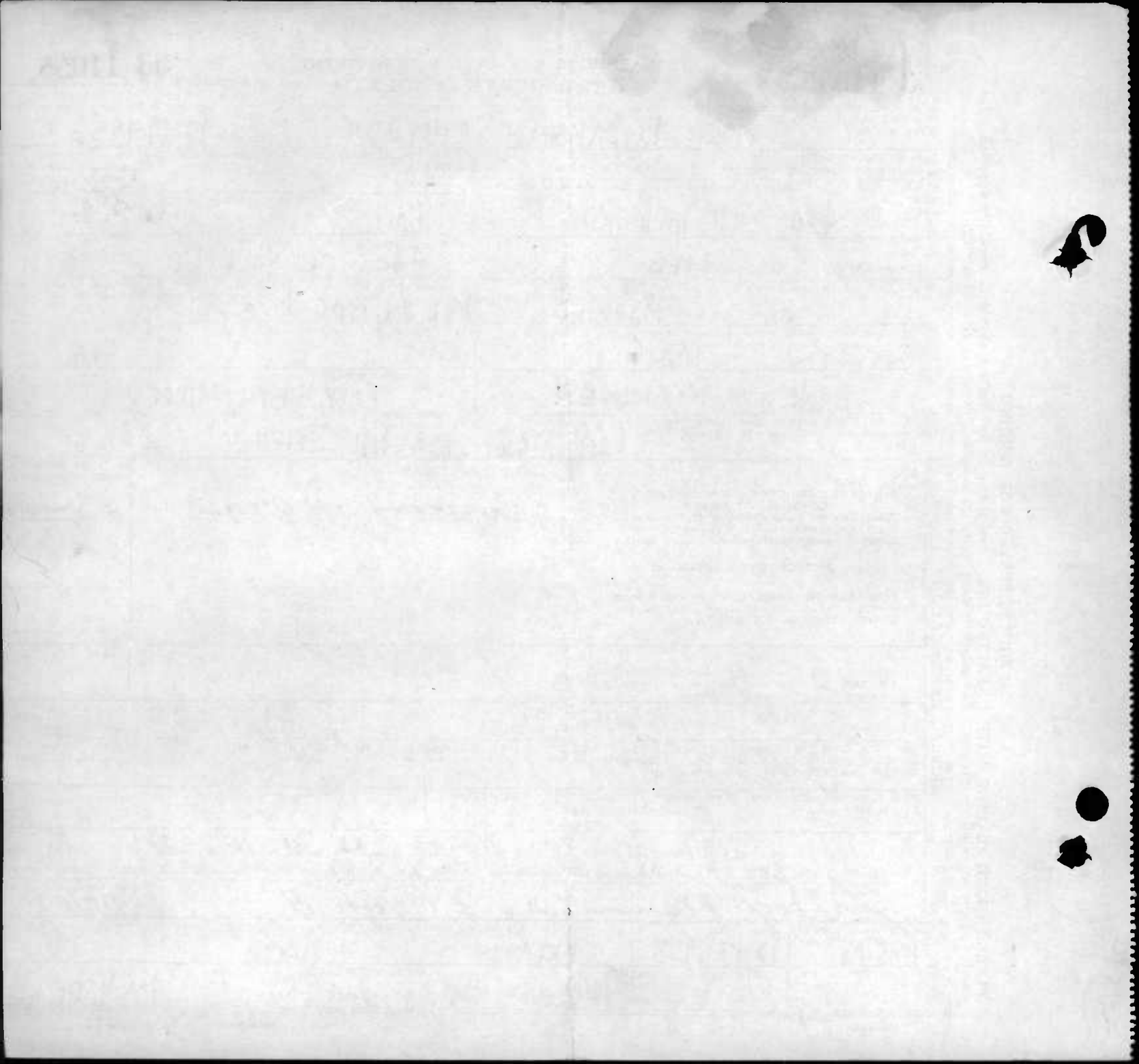


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

53 11055 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11055	
1. NAME OF DECEASED (Type or Print) MARIE ELIZABETH SEIBERT			2. DATE OF DEATH 12-14-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 27-10		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4405 OLD YORK RD.			C. CITY OR TOWN BALTO D. STREET ADDRESS (If rural, give location) 4405 OLD YORK RD.		
c. Length of stay in Baltimore LIFE Yrs. Mos. Days			5. SEX F 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR			10B. KIND OF BUSINESS OR INDUSTRY SEWING		
13. FATHER'S NAME ERNEST MCKINNEY			14. MOTHER'S MAIDEN NAME ELIZABETH MILLER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 212-01-6001		
17. INFORMANT MR. ARTHUR SEIBERT			ADDRESS ABOVE		
18. 170 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma left Breast DUE TO ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH 4 1/2 months
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 23, 1953 , to Dec. 14, 1953 , that I last saw the deceased alive on Dec 14, 1953 , and that death occurred at 1:15 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Harold H. Jensen M.D.		23B. ADDRESS 5111 YORK RD.		23C. DATE SIGNED 12/15/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-17-1953		24C. NAME OF CEMETERY OR CREMATORY OAKLAWN	
24D. LOCATION (City, town, or county) BALTO.		24E. LOCATION (City, town, or county) MD.		24F. LOCATION (City, town, or county) MD.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W. JENKINS & SONS CO.	
VS 150		ADDRESS 4905 YORK RD		6904G	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11056
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY ROBERT KUEHNE

2. DATE
OF
DEATH

DEC. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4442 WRENWOOD AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

27-10

c. Length of stay in Baltimore

73 Yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4442 WRENWOOD AVE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

OCT. 7, 1870

9. AGE (In years, last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BRAXEMAN (RET.)

10B. KIND OF BUSINESS OR INDUSTRY

B&O R.R.

11. BIRTHPLACE (State or foreign country)

N.Y.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

HUGO G. KUEHNE

14. MOTHER'S MAIDEN NAME

KATHERINE DIETRICH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
MARGARET A. KUEHNE ABOVE

18. 422.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1945 to Dec 14, 1953, that I last saw the deceased alive on Dec 14, 1953 and that death occurred at 5:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J.B. Stevens

M. D.

23B. ADDRESS

3400 Erdman Ave

23C. DATE SIGNED

12/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-17-1953

24C. NAME OF CEMETERY OR CREMATORY

LODON PARK

24D. LOCATION (City, town, or county)

BALTO.

MD.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 15 1953

REGISTRAR'S SIGNATURE

H. J. Williams

25. FUNERAL DIRECTOR

H. W. JENKINS & SONS CO 4905 YORK RD

ADDRESS

DR. L. B. STEVENS

3400 ERDMAN AVE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-425				CERTIFICATE AMENDED 12/29/53 ES		53 11057	
BIRTH NO. 53 11057				BALTIMORE CITY HEALTH DEPARTMENT			
CERTIFICATE OF DEATH				Registered No. 53 11057			
1. NAME OF DECEASED (Type or Print) <i>Alexander, Virginia (Virgie) C.</i>				2. DATE OF DEATH <i>12-13-1953</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>MD.</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>St. Agnes</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 28-31</i>			
C. Length of stay in Baltimore <i>10</i>				D. STREET ADDRESS (If rural, give location) <i>5444 Lynview Ave.</i>			
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>MAY 25, 1895</i>	9. AGE (In years last birthday) <i>58</i>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>				10B. KIND OF BUSINESS OR INDUSTRY <i>HOME</i>		11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				13. FATHER'S NAME <i>JOHN F. SCHAEFER</i>			
14. MOTHER'S MAIDEN NAME <i>EMMA C. FLOHR</i>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>			
16. SOCIAL SECURITY NO. <i>NONE</i>				17. INFORMANT ADDRESS <i>Mr. J. Fletcher ALEXANDER, 5444 Lynview Ave.</i>			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphemia, etc. It means the disease, injury or complication which caused death.) <i>170x</i> <i>Carcinomatosis</i>				CAUSE OF DEATH <i>Carcinoma of right breast (operated 1952)</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH <i>3 yr</i>			
19A. DATE OF OPERATION <i>0</i>				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 10, 1953</i> , to <i>Dec 13, 1953</i> , that I last saw the deceased alive on <i>Dec 13, 1953</i> , and that death occurred at <i>10:05 P.m.</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>John D. Dunbar</i>				23B. ADDRESS <i>St Agnes Hosp</i>		23C. DATE SIGNED <i>Dec 13, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>12-17-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>WATSONS CHAPEL</i>		24D. LOCATION (City, town, or county) (State) <i>BALTIMORE CO MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 15 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>WEEB & HIGHT</i>		ADDRESS <i>SYKESVILLE</i>	
VS 150							

See query reply in Document file.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11058****53 11058**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MORRIS C. DAVIS			2. DATE OF DEATH 12-14-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2128 W. Baltimore Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 16, 1886	9. AGE (in years last birthday) 67	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Shipping Clerk		10B. KIND OF BUSINESS OR INDUSTRY Fidelity Tr. Co.	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME James Davis			14. MOTHER'S MAIDEN NAME Alice Clark		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Margaret Davis, 2128 W. Baltimore Street		

18. **E901.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Lipoid pneumonia**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Fracture, rt. femur, April 1953**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
house21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
2130 Highland Avenue 26/3621d. TIME (Month) (Day) (Year) (Hour)
April 195321E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐21F. HOW DID INJURY OCCUR? **Fell from ladder while painting**22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jarlsing M.D.23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Dec. 15, 195324A. BURIAL, CREMATION, REMOVAL (Specify)
burial24B. DATE
12/17/5324C. NAME OF CEMETERY OR CREMATORY
Loudon Park Cemetery24D. LOCATION (City, town, or county) (State)
Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 15 1953**Wilmington, Delaware****Wm Cook, Inc.****1217 St. Paul Street**

1105

CERTIFICATE OF EXAMINATION
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

1105



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CCG-170896		BALTIMORE CITY HEALTH DEPARTMENT		53 11059	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) James Homer			2. DATE OF DEATH 12-13-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern, Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03		
c. Length of stay in Baltimore 40 yrs			O. STREET ADDRESS (If rural, give location) 1209 W. Baltimore, St Zone 3		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 13, 1887	9. AGE (In years last birthday) 66 yrs	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Caretaker		10B. KIND OF BUSINESS OR INDUSTRY Private Farms		11. BIRTHPLACE (State or foreign country) West Virginia	
13. FATHER'S NAME Charles Homer			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. 4940 Eastern, Ave (records)	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Emphysema DUE TO ANTECEDENT CAUSES Arteriosclerotic Cardio-Vascular Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-3-53 , 19 53 , to 12-13 , 19 53 that I last saw the deceased alive on 12-13 , 19 53 , and that death occurred at 1:15pm. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern, Ave Balto. Md		23C. DATE SIGNED 12-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/16/53		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	
24D. LOCATION (City, town, or county) (State) Anne Arundel County, Md.		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street			
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street	

DEATH

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11060**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**August L. Saur**2. DATE
OF
DEATH**Dec. 14, 1953**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)**Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**St. Joseph's Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

1625 Chilton Street - 13

C. Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

August 10, 18859. AGE (In years
last birthday)**68**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retir.)**Ret. Clerical Work**10B. KIND OF BUSINESS OR
INDUSTRY**Edgewood Arsenal**

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland12. CITIZEN OF
WHAT COUNTRY?**U. S. A.**

13. FATHER'S NAME

August Leonard Saur

14. MOTHER'S MAIDEN NAME

Barbara15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Nellie P. Saur, 1625 Chilton Street

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Cerebral Hemorrhage**

DUE TO

ANTECEDENT CAUSES

(B) **Hypertension, essential**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(C) **Arteriosclerosis, generalized**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 14 th, 1953**, to **Dec. 14, 1953** that I last saw the
deceased alive on **Dec. 14, 1953**, and that death occurred at **10:30 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

Pelagios E. Layney

23B. ADDRESS

M. D. 1400 N. Caroline Street - 13

23C. DATE SIGNED

Dec. 13, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

12/17/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville,

(State)

MarylandDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 15 1953**Huntington Williams****Wm. Cook, Inc.,****1217 St. Paul Street**

VS 150

3-904R

BODY TAKEN BY

NAME

Wm. Cook Inc.

ADDRESS

1217 St. Paul St.

DATE

12/14/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11061
Registered No.

53 11061
BIRTH NO. 62-03948

1. NAME OF DECEASED (Type or Print) Joseph Thomas		2. DATE OF DEATH DEC 14 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Halsted 3		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Charles	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LA PLATA	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5800	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 2-28-52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 9 H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Wm S. Rollins		14. MOTHER'S MAIDEN NAME Genovie Thompson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	
18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Transposition of great vessels		INTERVAL BETWEEN ONSET AND DEATH 20 min	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. congenital heart disease		(B) 20 min	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. surgical anastomosis of pulmonary vein to rt. auricle		36 hr	
19A. DATE OF OPERATION 12-12-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED congenital heart disease	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-30- , 1953, to 12-14- , 1953 that I last saw the deceased alive on 12-14- , 1953, and that death occurred at m. , from the causes and on the date stated above.			
23A. SIGNATURE Frank Cole Greener		23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 12-14-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/16/53	24C. NAME OF CEMETERY OR CREMATORY St. Mary's	24D. LOCATION (City, town, or county) (State) Beyantown, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR John H. & Byron, Walling, Md.	ADDRESS

VS 150



M-320

MATHIS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11062

53 11062 53-30817

1. NAME OF DECEASED (Type or Print) <i>Lusan Mathis</i>			2. DATE OF DEATH <i>12/15/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>New York</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Marion E. Mathis</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Cockeysville</i>		
C. Length of stay in Baltimore <i>7 days</i>			D. STREET ADDRESS (If rural, give location) <i>Wayner Road 5300</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Dec 8 '53</i>		9. AGE (In years last birthday) <i>7</i> Months: <i>1</i> Days: <i>7</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Maine</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>
13. FATHER'S NAME <i>Ernest Emory Mathis</i>			14. MOTHER'S MAIDEN NAME <i>Elise Virginia Sagner</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Dr. Mathis Cockeysville</i>		
18. 760.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Broncho pneumonia</i>			CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>18 hrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i>			(B) DUE TO		<i>7 days</i>
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Acleremia</i>					<i>Today</i>
19A. DATE OF OPERATION <i>12/15/53</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/13/53</i> to <i>12/15/53</i> , that I last saw the deceased alive on <i>12/13/53</i> , and that death occurred at <i>10:00 PM</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. H. H. Harkins</i>		23B. ADDRESS <i>John H. Harkins, Delta, Pa.</i>		23C. DATE SIGNED <i>12/15/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-17-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Emory</i>	
24D. LOCATION (City, town, or county) (State) <i>Harford Co. Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Emory</i>		24F. LOCATION (City, town, or county) (State) <i>Harford Co. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 16 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John H. Harkins, Delta, Pa.</i>	

2011 06

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Baltimore City Health Department				Registered No. 53 11063	
CERTIFICATE OF DEATH					
BIRTH NO. 53-30668					
1. NAME OF DECEASED (Type or Print) <u>BABY BOY BARRETT</u>			2. DATE OF DEATH <u>12/10/53</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>BALTO.</u>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>38 University Hospital</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>2 1/2 hours</u>			d. STREET ADDRESS (If rural, give location) <u>31 Lambourne Rd. 5355</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>12/9/53</u>	9. AGE (in years last birthday) <u>2</u>	10. Under 1 Year Months: Days: <u>2</u> <u>43</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Richard W. Barrett</u>			14. MOTHER'S MAIDEN NAME <u>Edna Paisley</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>mother</u>			ADDRESS <u>Edna Barrett, 31 Lambourne Rd, Balto. #4</u>		
18. <u>770.5</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Erythroblastosis foetalis</u>			CAUSE OF DEATH <u>Erythroblastosis foetalis</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <u>Exchange transfusion</u>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED <u>Erythroblastosis foetalis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12/9</u> , 19 <u>53</u> , to <u>12/10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12/10</u> , 19 <u>53</u> , and that death occurred at <u>2 39/4</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Georgia Reynolds</u>			23b. ADDRESS <u>University Hospital</u>		23c. DATE SIGNED <u>12/10/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 16 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u>	
VS 150					

UNIVERSITY MEDICAL SCHOOL DEC. 14, 1953

12-11-60

UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C. 20250

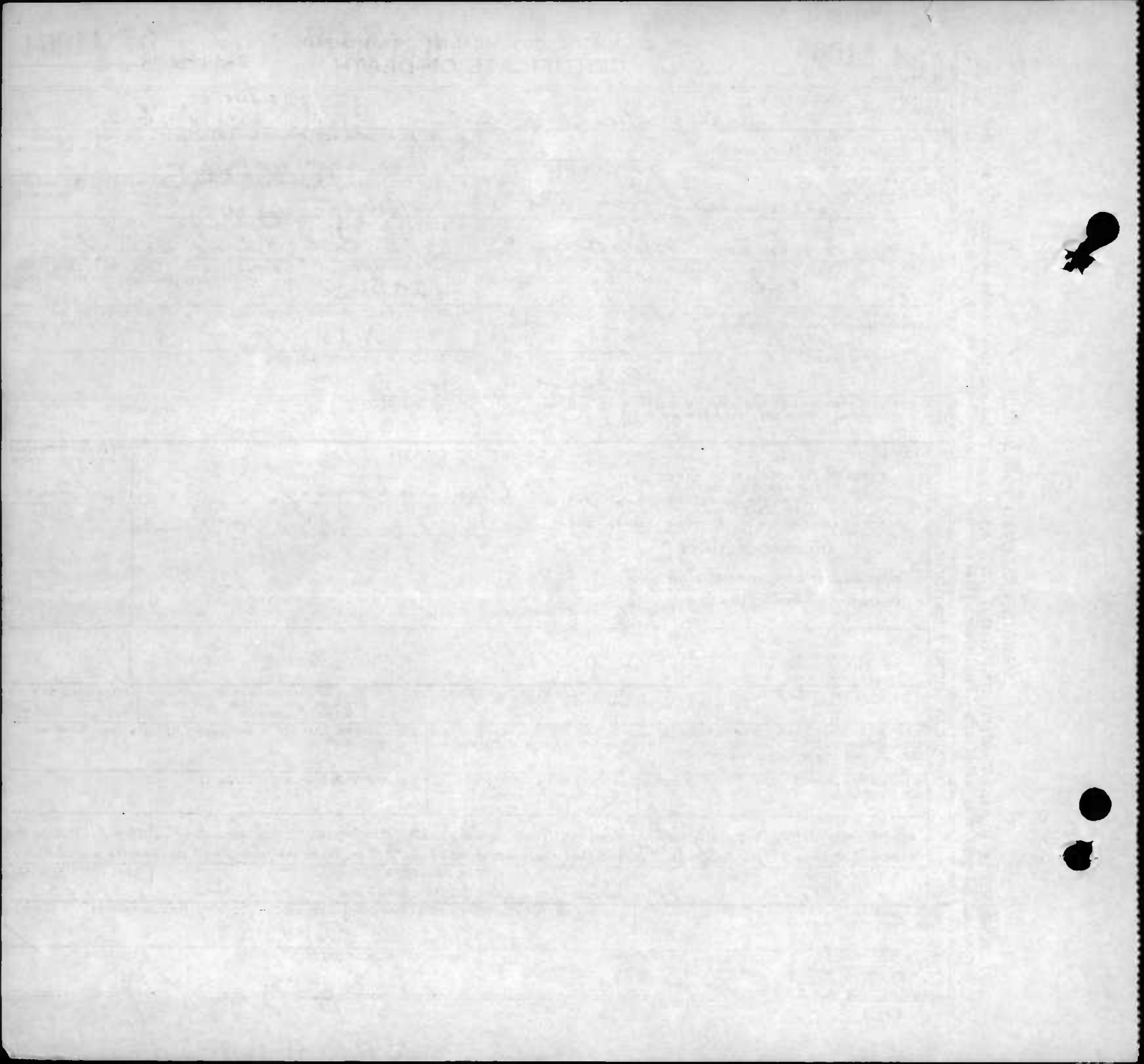
11-11-60



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 11064		53 11064	
BIRTH NO. 53-30004				CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Baby Girl Reed</i>				2. DATE OF DEATH <i>12/6/53</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>University Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-03</i>			
C. Length of stay in Baltimore <i>New Born</i>				D. STREET ADDRESS (If rural, give location) <i>3 S. Schroder Street</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>12-6-53</i>	9. AGE (In years last birthday)	10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY			
13. FATHER'S NAME <i>? Reed</i>				14. MOTHER'S MAIDEN NAME <i>Bessie ?</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. <i>776x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				CAUSE OF DEATH (A) <i>Prematurity</i> DUE TO <i>Birth Weight 700 Grams</i> (B) <i>—</i> DUE TO <i>—</i> (C) <i>—</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 hours</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>12/6</i> , 19 <i>53</i> , to <i>12/6</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/6</i> , 19 <i>53</i> , and that death occurred at <i>6:15 P.m.</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>William S. Kiser</i>				23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>12/7/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
				UNIVERSITY MEDICAL SCHOOL DEC 14, 1953			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 16 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-400 53 11065				CERTIFICATE CORRECTED 12-31-53 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 11065 Registered No.			
1. NAME OF DECEASED (Type or Print) WEBSTER DEAL (DEAL) WEBSTER								2. DATE OF DEATH November 5, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland								4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE U Maryland B. COUNTY CC			
B. FULL NAME OF (not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Morgue								C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) K Baltimore 7-05			
D. STREET ADDRESS (If rural, give location) O 528 N. Washington Street											
c. Length of stay in Baltimore Yrs. Mos. Days											
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept. 23, 1907		9. AGE (In years last birthday) 35 1/2		10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10B. KIND OF BUSINESS OR INDUSTRY Crown Cork & Seal				11. BIRTHPLACE (State or foreign country) Co U Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Howard P. Deal K N				14. MOTHER'S MAIDEN NAME K Grace W. Mullen							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) W				16. SOCIAL SECURITY NO. 218-18-4239		17. INFORMANT O Grace Deal				ADDRESS	
18. E 929.8 I N CAUSE OF DEATH N DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Drowning DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Harbor				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pier 6 Locust Point 24/1			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Found: 11/5/53 1:00 P. m.				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21F. HOW DID INJURY OCCUR? Found drowned			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .											
23A. SIGNATURE William W. H. M.D.				23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....				23C. DATE SIGNED Dec. 22, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State) Johns Hopkins Medical School Dec. 14, 1953					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams				25. FUNERAL DIRECTOR		ADDRESS Huntington Williams			
VS 151 js N990x 97032											

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2001 24

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2001 24



12/18/53
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11066
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALFRED PETERSON

2. DATE
OF
DEATH

Nov. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hosp.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

504 S. Hanover Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

23

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

U

10B. KIND OF BUSINESS OR
INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

U

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

N

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)

O

16. SOCIAL
SECURITY NO.

N

17. INFORMANT

N

N

ADDRESS

O

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

Barbiturate intoxication

Status epilepticus

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

504 S. Hanover St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

11/19/53 3:30 p.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Overdose of barbiturate

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph G. Jankins, M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

11/20/53

24A. FUNERAL CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

See directive in Document file from VNR 280824AR
Dr. Jos. A. Jachimczyk, Asst Medical Examiner

NOV 10 1964

53 11067

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 11067

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NANCY M. YANVACCI

2. DATE
OF
DEATH

12-15-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

5353

D. STREET ADDRESS (If rural, give location)

2971 LIBERTY PARKWAY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Church Home Hosp.

35

C. Length of stay in Baltimore

INDALE 13

Yrs.

Mos.

Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

3-1-15

9. AGE (In years

38

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

OHIO

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph LA ROSA

14. MOTHER'S MAIDEN NAME

MARY YACCINO

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

NO

220-14-2584

17. INFORMANT

ADDRESS

JOHN C. YANVACCI - SAME

18. 592x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ACUTE RENAL FAILURE

72 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Chronic glomerulo Nephritis.

1592

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13-1952, to 12-15-1953 that I last saw the deceased alive on 12-15-1953, and that death occurred at 4:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Jack E. Collins

M. D.

23B. ADDRESS

Church Home Hosp.

23C. DATE SIGNED

12-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-18-53

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART

24D. LOCATION (City, town, or county)

BALTO. CO.

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Walter R. Bailey, Dundalk

MD.

G-653

53 11068

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11068

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Sarah Greenwood		12-15-53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION		a. STATE	
70 Leerdale		Maryland	
c. Length of stay in Baltimore		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
60		Balto 27-17	
5. SEX		d. STREET ADDRESS (If rural, give location)	
Female		Greenspring & Belvedere	
6. COLOR OR RACE		8. DATE OF BIRTH	
White		9. AGE (In years last birthday)	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		If Under 1 Year Months Days	
Widow		90	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
None		Poland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
		U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Not Known		Not Known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
Mrs. Harry Shantz		-4008 Emmart Ave	
18. 526x		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Bronchopneumonia	
DUE TO		(B) Bronchiectasis	
DUE TO		(C)	
INTERVAL BETWEEN ONSET AND DEATH		4 days	
ANTECEDENT CAUSES		sev. years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY?			
YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-15-1952 to 12-15-1953, that I last saw the deceased alive on 12-15-1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
S. Goniondskis		Lorindale Home	
M. D.		12-15-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		12-16-53	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Herring Run		Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
DEC 16 1953		Huntington Williams	
REGISTRAR'S SIGNATURE		ADDRESS	
		2100 Eataw PL	

1000

March 1st 1900

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours,
J. H. [Name]

Enclosed for you are two copies of the report of the committee on the subject of the proposed amendment to the constitution.

I am, Sir, very respectfully,
Yours,
J. H. [Name]

I am, Sir, very respectfully,
Yours,
J. H. [Name]

I am, Sir, very respectfully,
Yours,
J. H. [Name]

I am, Sir, very respectfully,
Yours,
J. H. [Name]

I am, Sir, very respectfully,
Yours,
J. H. [Name]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 11069

Registered No. _____

53 11069

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mr. Simon Harris			2. DATE OF DEATH 12-14-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Md		
b. FULL NAME OF HOSPITAL OR INSTITUTION 70 Leveeendale			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) Leveeendale		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 83	9. AGE (In years last birthday) 83	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager			10B. KIND OF BUSINESS OR INDUSTRY Clothing		
11. BIRTHPLACE (State or foreign country) Baltimore Md			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME Louis			14. MOTHER'S MAIDEN NAME Doretta		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Leue Israelson			ADDRESS 2470 Lakeview		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease	CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease DUE TO	INTERVAL BETWEEN ONSET AND DEATH 4 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. General Arteriosclerosis	(B) General Arteriosclerosis DUE TO	years
(C) _____		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Emphysema, Hypertrophy of prostate

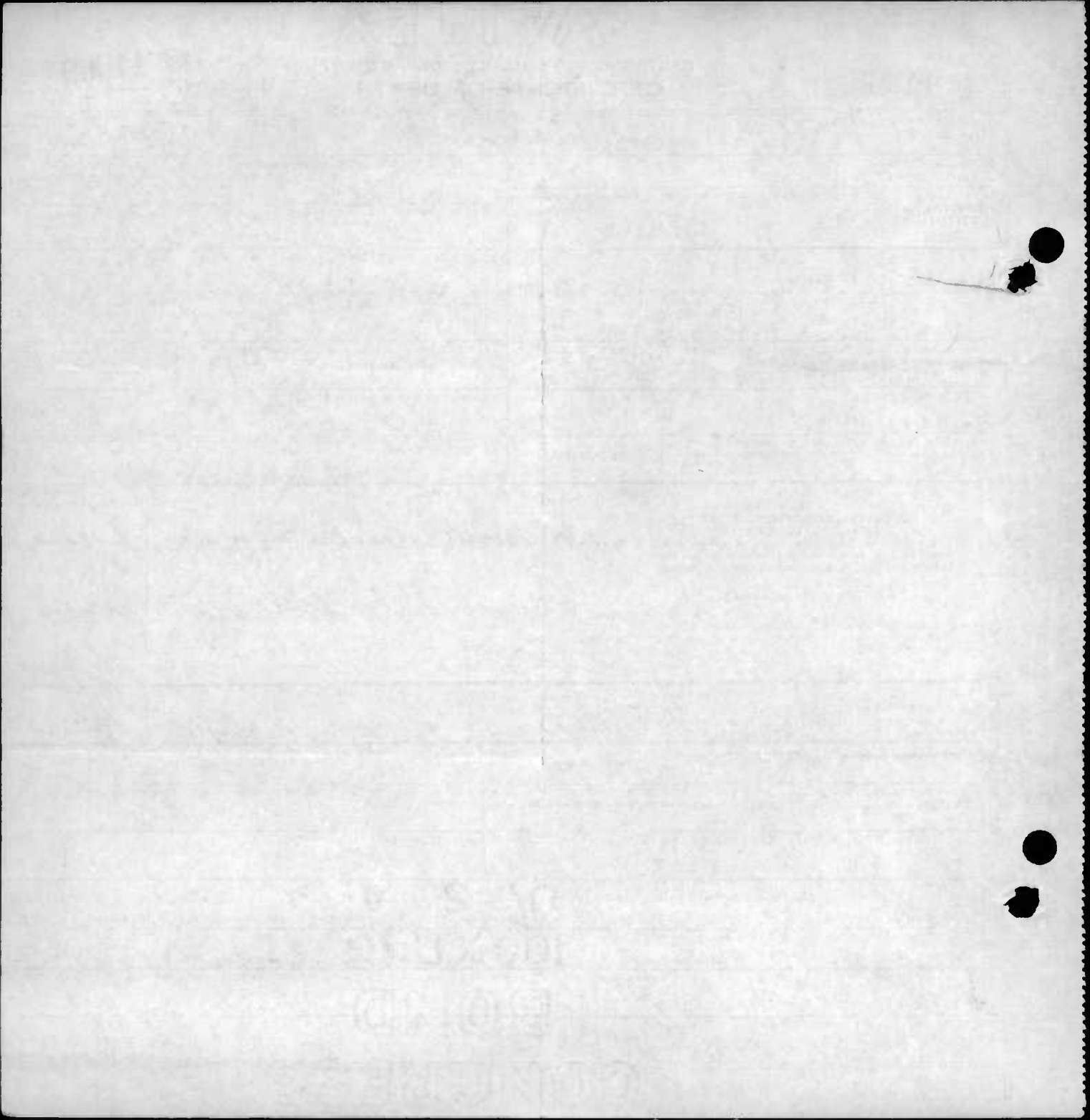
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-16-1948** to **12-14-1953**, that I last saw the deceased alive on **12-14-1953**, and that death occurred at **11:20 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Jerome J. Blumberg M.D.	23B. ADDRESS Leveeendale Home	23C. DATE SIGNED 12-14-53
--	---	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-16-53	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) (State) Balto Md
--	------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Jack Lewis	ADDRESS 2100 Ectaw Rd
--	---	---	---------------------------------



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11070
Registered No. 53 11070

BIRTH NO. 53 11070

1. NAME OF DECEASED (Type or Print) **THOMAS MILLER**

2. DATE OF DEATH **11/30/53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE **MARYLAND**
B. COUNTY **BALTO.**

5. FULL NAME OF (If not in hospital or institution, give street address or location)
MERCY HOSP. INC.

6. LENGTH OF STAY IN BALTIMORE **?** Yrs. **?** Mos. **?** Days **?**

7. SEX **M**

8. COLOR OR RACE **NEGRO**

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **?**

10. DATE OF BIRTH **3/15/95**

11. AGE (in years last birthday) **58**

12. If Under 1 Year Months Days Hours Min.

13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **?**

14. KIND OF BUSINESS OR INDUSTRY **?**

15. BIRTHPLACE (State or foreign country) **South Carolina**

16. CITIZEN OF WHAT COUNTRY? **U. S.**

17. FATHER'S NAME **George Miller**

18. MOTHER'S MAIDEN NAME **VENIE McNEILL**

19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **?**

20. SOCIAL SECURITY NO. **?**

21. INFORMANT ADDRESS

18. **502.1** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **CONG HEART FAILURE 9 months**

22. ANTECEDENT CAUSES

(B) **Chronic Bronchitis**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office Bldg., etc.) **F**

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **—**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/27**, 19**53**, to **4/30**, 19**53**, that I last saw the deceased alive on **11/30**, 19**53**, and that death occurred at **12** P. M., from the causes and on the date stated above.

23A. SIGNATURE **George Henry Beck**

23B. ADDRESS **Mercy Hosp. Inc.**

23C. DATE SIGNED **4/30/53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE **DEC 14, 1953**

24C. NAME OF CEMETERY OR CREMATORY **UNIVERSITY MEDICAL SCHOOL**

24D. LOCATION (City, town, or county) **DEC 14, 1953**

25. FUNERAL DIRECTOR ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR **DEC 16 1953**

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-300

53 11071

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11071

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD SCOTT		2. DATE OF DEATH 12-14-53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY NONE	
b. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-04	
c. Length of stay in Baltimore 40 Mos. Days		d. STREET ADDRESS (If rural, give location) 1933 W. LAFAYETTE AVE	
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-19-03
9. AGE (In years last birthday) 50		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOHN SCOTT		14. MOTHER'S MAIDEN NAME ANNIE HENRY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Louise Scott 1949 W. L. Ave		ADDRESS 1949 W. L. Ave	

18. **415X** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH (A) **RHEUMATIC CARDIO-VASCULAR DISEASE** DUE TO

INTERVAL BETWEEN ONSET AND DEATH **UNKNOWN**

ANTECEDENT CAUSES (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

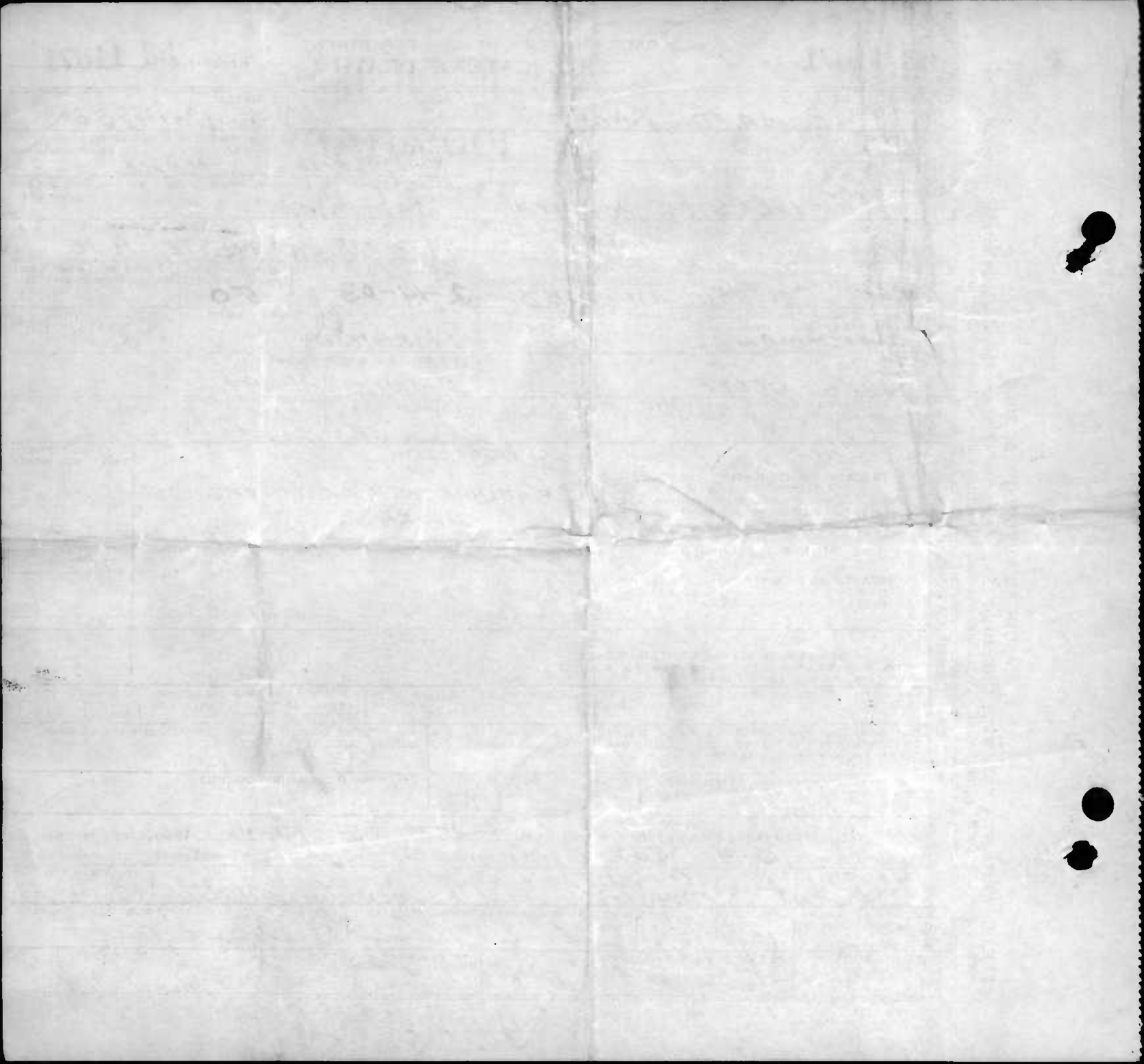
19A. DATE OF OPERATION 7	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12-24**, 19**53** to **12-14**, 19**53** that I last saw the deceased alive on **12-14**, 19**53**, and that death occurred at **10:59** a. m., from the causes and on the date stated above.

23A. SIGNATURE Robert J. Singleton M. D.	23B. ADDRESS University Hospital	23C. DATE SIGNED 12-14-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/18/53	24C. NAME OF CEMETERY OR CREMATORY Baltimore National
24D. LOCATION (City, town, or county) Baltimore, Md.		(State)
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR A. J. Halstead ADDRESS 918 David Hall

VS 150

76374



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11072

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 53 11072

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		GEORGE GREGORY WONNEMAN		DEC. 15, 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
a. Baltimore City, Maryland		A. STATE		B. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN		D. STREET ADDRESS (If rural, give location)	
3126 GREENMOUNT AVE.		BALTO.		3126 GREENMOUNT AVE.	
c. Length of stay in Baltimore		LIFE			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year
M	W	MARRIED	APR. 7, 1892	61	Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
OWNER		RESTURANT	MD.		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
HENRY WONNEMAN		ROSA DAUBER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		218-32-1045	MARY ANNA WONNEMAN		ABOVE
18. 581.0		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) CIRRHOSIS, LIVER, PORTAL			15 mos.
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
0					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from FEB 1949 to 15 Dec 1953, that I last saw the deceased alive on 15 Dec 1953, and that death occurred at 11 A. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
[Signature]		1261 E. W. Belvedere Ave		15 Dec 53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		12-19-1953		HOLY REDEEMER	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
BALTO.		BALTO.		MD.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
DEC 16 1953		Huntington Williams		H. W. JENKINS & SONS Co. 4905 YORK RD	
VS 150		29064			

DR. G. W. DEHOFF

2020 N. CHARLES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11073

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY WILIAM SPEALMANN

2. DATE

OF

DEATH Dec. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4215 Erdman Ave.,

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4215 Erdman Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-03

D. STREET ADDRESS (If rural, give location)

4215 Erdman Ave.

c. Length of stay in Baltimore

Yrs.

Mos.

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 10, 1891

9. AGE (In years

last birthday)

62

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Landscape gardener

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Philip Spealmann

14. MOTHER'S MAIDEN NAME

Helena Frank

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Emma Spealmann 4215 Erdman Ave.

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1953, to Dec. 15, 1953 that I last saw the
deceased alive on Dec. 14, 1953, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 17, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore Md.

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Ulrich Funeral Home 4210 Belair Road.

1771

RECEIVED - SOUTH DISTRICT

STATE OF TEXAS

1771

Y



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-244

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11074

Registered No.

53 11074

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Irene B. MacLellan

2. DATE
OF
DEATH December 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1347 Weldon Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

13-08

D. STREET ADDRESS (If rural, give location)

1347 Weldon Avenue

C. Length of stay in Baltimore

44 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH

May 2, 1903

9. AGE (In years,
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Typist - Clerk

10B. KIND OF BUSINESS OR
INDUSTRY
Chemical Corp. U. S.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?
U S A

13. FATHER'S NAME

Stiles Pforr

14. MOTHER'S MAIDEN NAME

Margaret Debold

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL
SECURITY NO.
219-10-808317. INFORMANT ADDRESS
Mrs. Margaret Y. Hilker 1347 Weldon Ave.

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fibrosarcoma Lung

DUE TO

4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1953, to Dec. 14, 1953, that I last saw the
deceased alive on Dec. 14, 1953, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Wilson

M. D.

23B. ADDRESS

617 W. 40th St

23C. DATE SIGNED
12/15/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

Dec. 17, 1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burgee Funeral Home 3631 Falls Road

ADDRESS

DEC 16 1953

VS 150

390 4R Horace F. Burgee

12-11-1941

12-11-1941



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 11075

BIRTH NO.

Registered No.

53 11075

1. NAME OF DECEASED
(Type or Print)

FANNIE E. BROWN

2. DATE
OF
DEATH

December 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *MARYLAND*

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

505 N. Gilmore St.

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

505 N. Gilmore St.

C. Length of stay in Baltimore

25

Yrs.
Mon
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 4, 1898

9. AGE (In years last birthday)

55

If Under 1 Year Months: Days

3 8

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife and Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

EASTON, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HARRY Goldsboro

14. MOTHER'S MAIDEN NAME

MARY A. Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

George Goldsboro, EASTON, Md.

ADDRESS

18. *491X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Bronchopneumonia Bilateral*

INTERVAL BETWEEN ONSET AND DEATH

8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Pulmonary Congestion*
(C) *Coronary Occlusion*

Day
Several hr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *December 4, 1953* to *12-12, 1953*, that I last saw the deceased alive on *12-11-*, 1953, and that death occurred at *10:05 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Hunt

23B. ADDRESS

1631 W. Franklin

23C. DATE SIGNED

12-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

12/17/1953

Balto. National

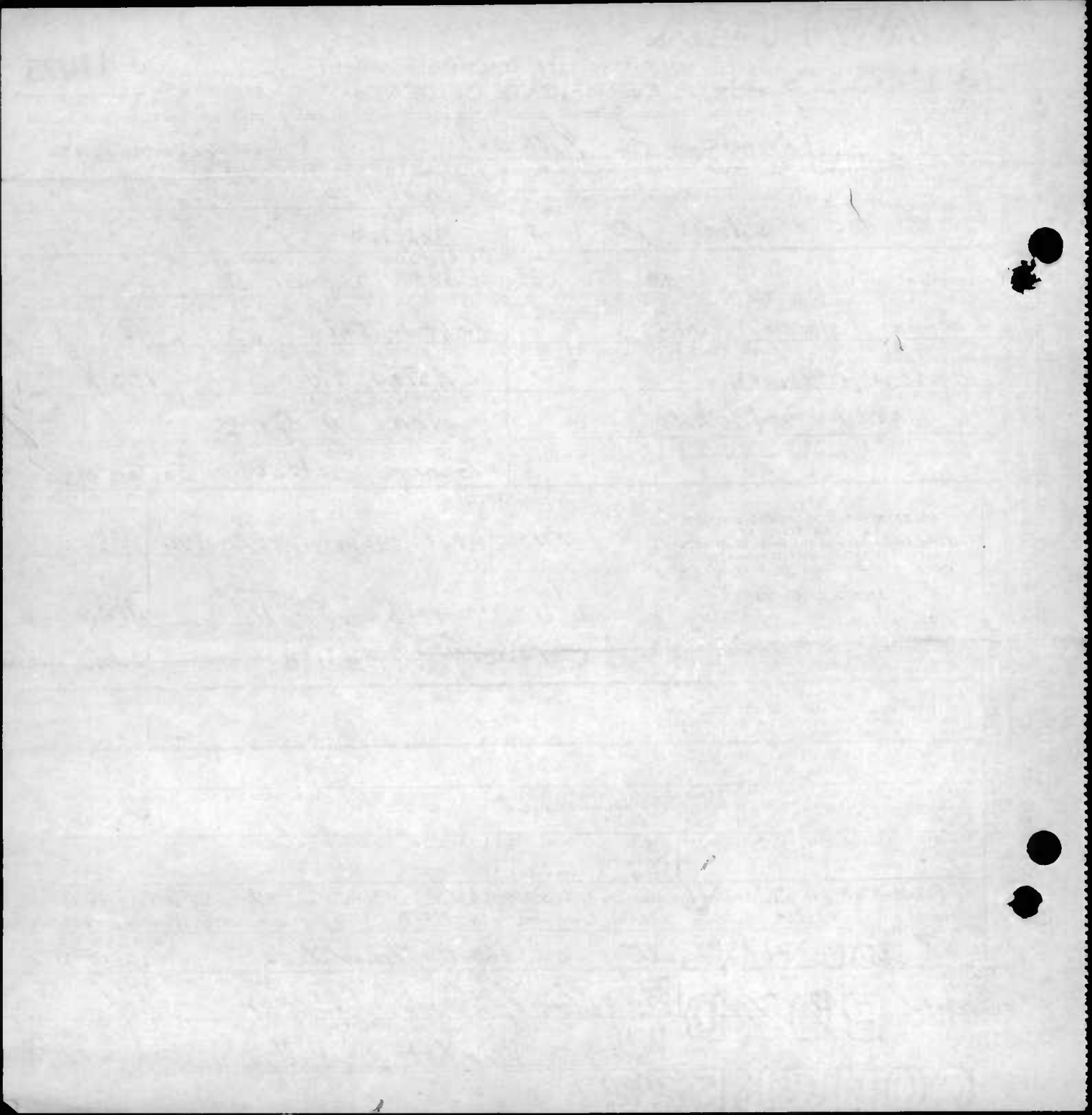
Balto. Md.

DEC 16 1953

Huntington Williams

Mrs. Kate R. Williams

Schroeder



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-11076

N-242
53-11076

1. NAME OF DECEASED (Type or Print) James A. Nicholson			2. DATE OF DEATH 12-11-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt. 17-02		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 1103 Pennsylvania Ave		
5. SEX m	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH June 1878		9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lambert Nicholson			14. MOTHER'S MAIDEN NAME Susie Ringgold		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unk		16. SOCIAL SECURITY NO.	17. INFORMANT Hosp. Records		ADDRESS
18. 610X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Benign Prostatic Hypertrophy			CAUSE OF DEATH Benign Prostatic Hypertrophy		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Coronary Artery Disease			unk.		
19A. DATE OF OPERATION 12-11-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Benign Prostatic Hypertrophy	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTO-SY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11-10 , 19 53 , to 12-11 , 19 53 , that I last saw the deceased alive on 12-11 , 19 53 and that death occurred at 11 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE William Farmer		23B. ADDRESS 1514 Division St		23C. DATE SIGNED 12-14-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 12/16/1953	24C. NAME OF CEMETERY OR CREMATORY Laurel Cem	24D. LOCATION (City, town, or county) Balto Md.		(State)
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Mrs. Kate R. Williams	
				ADDRESS 322 N. Schuylkill St	

Provident Hosp.

James A. Nicholson

But

Mid.

Baltimore

12-11-23

William Turner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-630 CERTIFICATE CORRECTED 2-25-54				53 11077		53 11077	
BALTIMORE CITY HEALTH DEPARTMENT				Registered No.			
BIRTH NO.				2. DATE OF DEATH		12/15/53	
1. NAME OF DECEASED (Type or Print) MARIAN Gerteude Shortt				3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 40 St. Agnes Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pasadena		D. STREET ADDRESS (If rural, give location) Sunset Beach 5200	
5. SEX F.		6. COLOR OR RACE W.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-11-00	
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles H. Chase				14. MOTHER'S MAIDEN NAME Emma M. Brady House			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. --		17. INFORMANT ADDRESS Wm. R. Shortt Sunset Beach, Md.			
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				CAUSE OF DEATH (A) Cerebral Vascular Accident DUE TO (B) Malignant Hypertension DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH approx 12 hrs approx 8 mos.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-14, 1953, to 12-15, 1953, that I last saw the deceased alive on 12-15, 1953, and that death occurred at 6:15 P. M., from the causes and on the date stated above.							
23A. SIGNATURE H. M. M. M. M. M.				23B. ADDRESS St. Agnes Hospital		23C. DATE SIGNED 12/15/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/18/53		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR JOHN F. DENNY, INC.		ADDRESS 715 Light St.	

L.M.D. Dr. L. Gundry

F. Denny.
Per Conf.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11078****53 11078**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William F. Heintz			2. DATE OF DEATH Dec. 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3213 Dillon St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Appr. 69 yrs.			D. STREET ADDRESS (If rural, give location) 3213 Dillon St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 22, 1879	9. AGE (In years last birthday) 74	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (Watchman)		10B. KIND OF BUSINESS OR INDUSTRY Warehouse	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Herman Heintz			14. MOTHER'S MAIDEN NAME Teeney Heintz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Mrs Albertina Heintz 3213 Dillon St.		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arterio Sclerotic cardiovascular disease 10 yrs DUE TO Anterior Sclerotic cardiovascular disease 10 yrs			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Secondary Anemia			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1948 , 19 12/14 , 19 53 , that I last saw the deceased alive on 12/14 , 19 53 , and that death occurred at 6:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE D. T. Battaghi M.D.		23B. ADDRESS 5829 Belair Rd.		23C. DATE SIGNED 12/15	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/17/53		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Cem	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR John A. Moran		ADDRESS 3000 E. Balto. St.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

W. E. A.
BOND
CO. OF
ALBANY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 11079BIRTH NO. 53 11079

1. NAME OF DECEASED (Type or Print) NORMA <i>Virginia</i> RAY		2. DATE OF DEATH Dec. 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hanover	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Dorsey Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 6, 1925
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 28 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Edwin Shipley		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO. ?		14. MOTHER'S MAIDEN NAME Ruth (Mary) Rutherford Disney	
17. INFORMANT Mr. Russell W. Ray		ADDRESS Dorsey Rd. Hanover Md.	

18. **E 954.7**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Bronchopneumonia following

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Cardiac arrest during pentothal ether anesthesia

CAUSE OF DEATH
(A) **Bronchopneumonia following**
Cardiac arrest during pentothal ether anesthesia

(B)
(C)
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

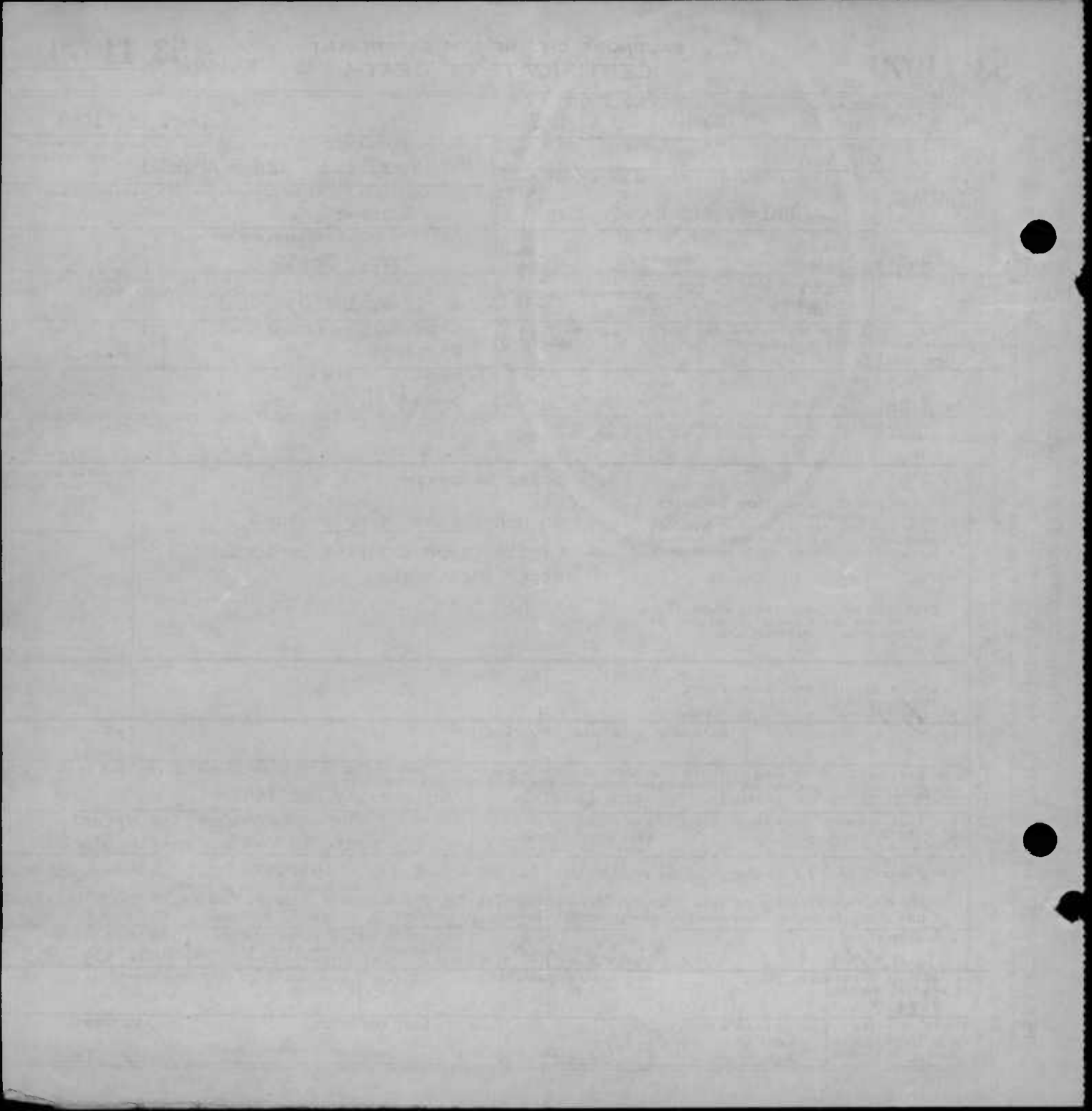
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hospital		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) University Hospital 4/2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 12, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Cardiac arrest during pentothal ether anesthesia	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. Jachimczyk		23B. CHIEF MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Dec. 15, 1953	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/17/53	24C. NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk	24D. LOCATION (City, town, or county) (State) Baltimore Md.
--	------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR DEC 15 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR James C. Johnson, Sons Inc.	ADDRESS Baltimore Md.
--	---	--	---------------------------------

VS 151

N 999.2



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-423
53 11080BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11080

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Hlista

2. DATE
OF
DEATH Dec. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3916 Myrtle Avenue - 27

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Sept. 19, 1886

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Balto. Transit - Operator

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY

USA

13. FATHER'S NAME

Joseph Hlista

14. MOTHER'S MAIDEN NAME

Frances Pustelnik

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World- I

16. SOCIAL
SECURITY NO.

213-10-1444

17. INFORMANT

ADDRESS

Mrs. Joseph Hlista 3916 Myrtle Ave.

18.

490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lobar Pneumonia - Bilateral

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Congestive Heart Failure

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Exfoliative Dermatitis

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 6 th, 1953, to Dec. 15, 1953 that I last saw the
deceased alive on Dec. 15, 1953 and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis A. Fritz

M. D.

23B. ADDRESS

1400 N. Caroline Street - 17

23C. DATE SIGNED

Dec. 16, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/17/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Nat'l Cen.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 16 1953

Huntington Williams, M.D.

Wm. C. Tucker & Sons Inc. Balto. Md.

VS 150

661-57

BODY TAKEN BY

NAME _____

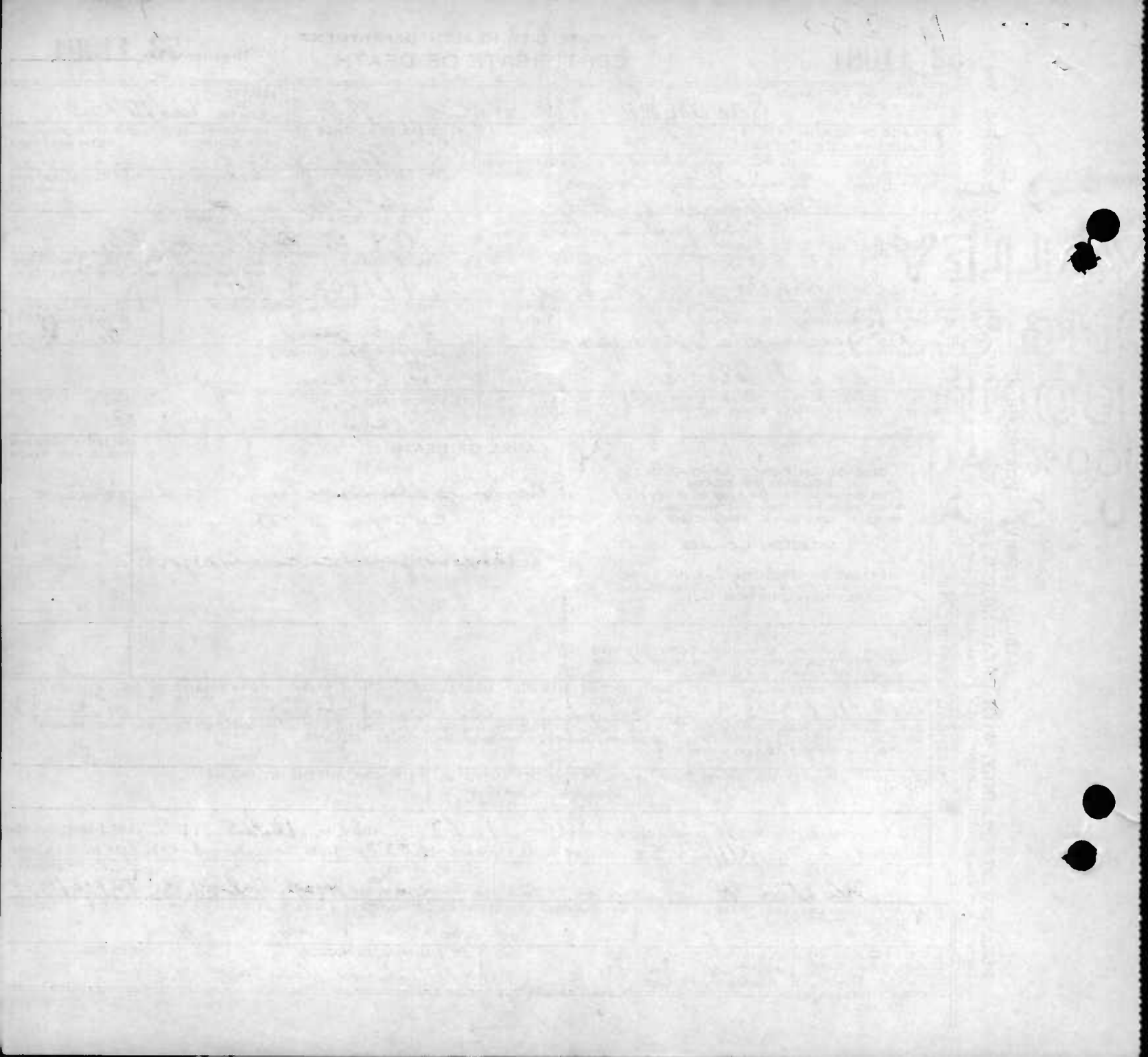
ADDRESS _____

DATE _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-200 53 11081		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X Registered No. 53 11081	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) RANDOLPH M. Nock, M.D.		2. DATE OF DEATH 12/15/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Wicomico		C. CITY OR TOWN Salisbury 7212	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hosp. Baltimore - 1, Md.		D. STREET ADDRESS (If rural, give location) 114 E. William St.		E. Yrs. Mos. Days	
c. Length of stay in Baltimore		5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7/4/1902 9. AGE (In years last birthday) 51	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10B. KIND OF BUSINESS OR INDUSTRY Surgery		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Eduard Nock		14. MOTHER'S MAIDEN NAME Florence Byrd		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Self ADDRESS	
18. 162X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Right pneumonectomy - post-operative coronary thrombosis DUE TO (B) Bronchiogenic carcinoma, rt. DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 12/11/1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Carcinoma of rt. lung		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/7 , 19 53 , to 12/15 , 19 53 , that I last saw the deceased alive on 12/15 , 19 53 , and that death occurred at 1:55 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Walter H. Byerly M. D.		23B. ADDRESS University Hosp, Balto.-1, Md.		23C. DATE SIGNED 12/15/1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12.17.53		24C. NAME OF CEMETERY OR CREMATORY M. E. CEMETERY	
24D. LOCATION (City, town, or county) (State) SNOW HILL MD		25. FUNERAL DIRECTOR Wm. Johnson		ADDRESS Salisbury, Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1953		REGISTRAR'S SIGNATURE Huntington Williams			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11082

53 11082

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>London, Sallie</i>		2. DATE OF DEATH <i>12/12/53</i>	
3. PLACE OF DEATH: A. <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>22-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>38 University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write BURIA and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>8 Mos. 5 Days</i>		D. STREET ADDRESS (If rural, give location) <i>613 W. Lee St</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1-2-1920</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>33</i>
11. BIRTHPLACE (State or foreign country) <i>North Carolina</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>A. Betts ??</i>		14. MOTHER'S MAIDEN NAME <i>Mary ??</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Rand F. London</i>		ADDRESS <i>613 W. Lee St</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Cerebro vascular accident</i> DUE TO (B) <i>Hypertensive Cerebro vascular disease</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>26 hrs.</i> <i>10 yrs.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION <i>12/18/53</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>12/11/53</i> , 19__, to <i>12/18/53</i> , 19__, that I last saw the deceased alive on <i>12/12/53</i> , 19__, and that death occurred at <i>8 45 p.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Joseph R. Box</i>	23B. ADDRESS <i>University Hospital Balt.</i>	23C. DATE SIGNED <i>12/12/53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12/18/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Hamstead</i>	24D. LOCATION (City, town, or county) (State) <i>North Carolina</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 18 1953</i>	REGISTRAR'S SIGNATURE <i>Thurston William</i>	25. FUNERAL DIRECTOR <i>Charles A. Rice</i> ADDRESS <i>661 W. V. Barrett</i>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APPROVAL

FOR

NOT A MEDICAL EXAMINER'S CASE

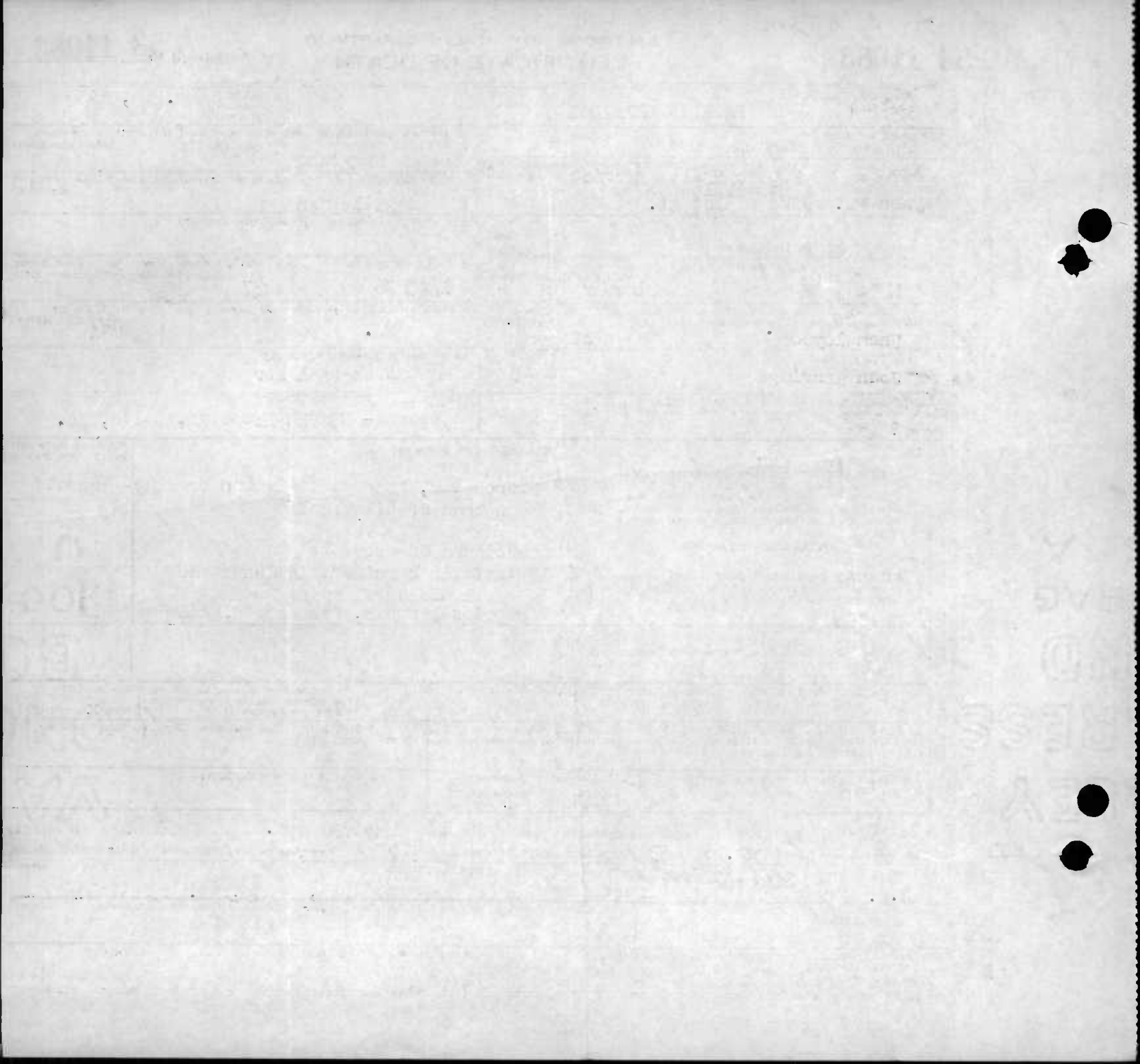
Joseph A. Jachinzyk
M.D.
CHIEF OR ASST. MEDICAL EXAMINER

MARGIN RESERVED FOR BINDING

RGP

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-632		BALTIMORE CITY HEALTH DEPARTMENT		X Registered No. 53 11083	
53 11083		BIRTH NO.		2. DATE OF DEATH Dec. 16, 1953	
1. NAME OF DECEASED (Type or Print) JOHN FRANKLIN BERRIDGE				7. DATE OF DEATH	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Talbot			
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tilghman			
5. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 7000			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 1/23/76	9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10B. KIND OF BUSINESS OR INDUSTRY Seafarer		11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Berridge		14. MOTHER'S MAIDEN NAME Sarah Faulkner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.	
18. 177X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Bronchitis, bronchiolitis and broncho-pneumonia, bilateral DUE TO (B) Carcinoma of prostate Metastatic carcinoma in lungs and lumbosacral spine DUE TO (C) Arteriosclerosis, generalized, mild		INTERVAL BETWEEN ONSET AND DEATH Recent Old old old	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 17, 1953, to Dec. 16, 1953, that I last saw the deceased alive on Dec. 16, 1953, and that death occurred at 5 A. M., from the causes and on the date stated above.					
23A. SIGNATURE J. A. Hunter, Clinical Director		23B. ADDRESS M. D. US PHS Hospital, Balto, Md.		23C. DATE SIGNED 12/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 12-18-53		24C. NAME OF CEMETERY OR CREMATORY Sieghman	
24D. LOCATION (City, town, or county) M.D.		24E. NAME OF CEMETERY OR CREMATORY Sieghman		24F. LOCATION (City, town, or county) M.D.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Hamilton, Harrison SE McKee, Md	



MARGIN RESERVED FOR BINDING

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

VS 150

390-90

Balto 29, Md

11084

C-650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11084

1. NAME OF DECEASED (Type or Print) **CARNEY OWEN B.**

2. DATE OF DEATH **12/15/53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY **BALTIMORE**

5. FULL NAME OF (If not in hospital or institution, give street address or location)
UNIVERSITY HOSPITAL

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 29 5300

7. STREET ADDRESS (If rural, give location)
5026 Westhills Rd.

8. Length of stay in Baltimore **71** Yrs. Mos. Days

9. SEX **M** 10. COLOR OR RACE **W** 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH **5/18/82** 13. AGE (In years last birthday) **71** 14. Under 1 Year Months! Days 15. Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED** 17. KIND OF BUSINESS OR INDUSTRY **Cashier Balto P.O.**

18. BIRTHPLACE (State or foreign country) **MARYLAND** 19. CITIZEN OF WHAT COUNTRY? **USA**

20. FATHER'S NAME **OWEN B.** 21. MOTHER'S MAIDEN NAME **MARY JANEMURN**

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 23. SOCIAL SECURITY NO.

24. INFORMANT **Mrs. Ursula Resmodel** ADDRESS **5026 Westhills**

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, apnea, etc. It means the disease, injury or complication which caused death.) **Coronary Thrombosis**

27. ANTECEDENT CAUSES

28. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

30. 19A. DATE OF OPERATION **0** 31. 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

32. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

33. 20. AUTOPSY? YES ☐ NO ☒

34. 21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

35. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

36. 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

37. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

38. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

39. 21F. HOW DID INJURY OCCUR?

40. 22. I hereby certify that I attended the deceased from **12/18**, 19**53**, to **12/15**, 19**53**, that I last saw the deceased alive on **12/15**, 19**53**, and that death occurred at **7:45** m., from the causes and on the date stated above.

41. 23A. SIGNATURE **Loel S. Webster** M. D.

42. 23B. ADDRESS **University Heights**

43. 23C. DATE SIGNED **12/15/53**

44. 24A. BURIAL, CREMATION, REMOVAL (Specify) **Buried**

45. 24B. DATE **Dec 18/53**

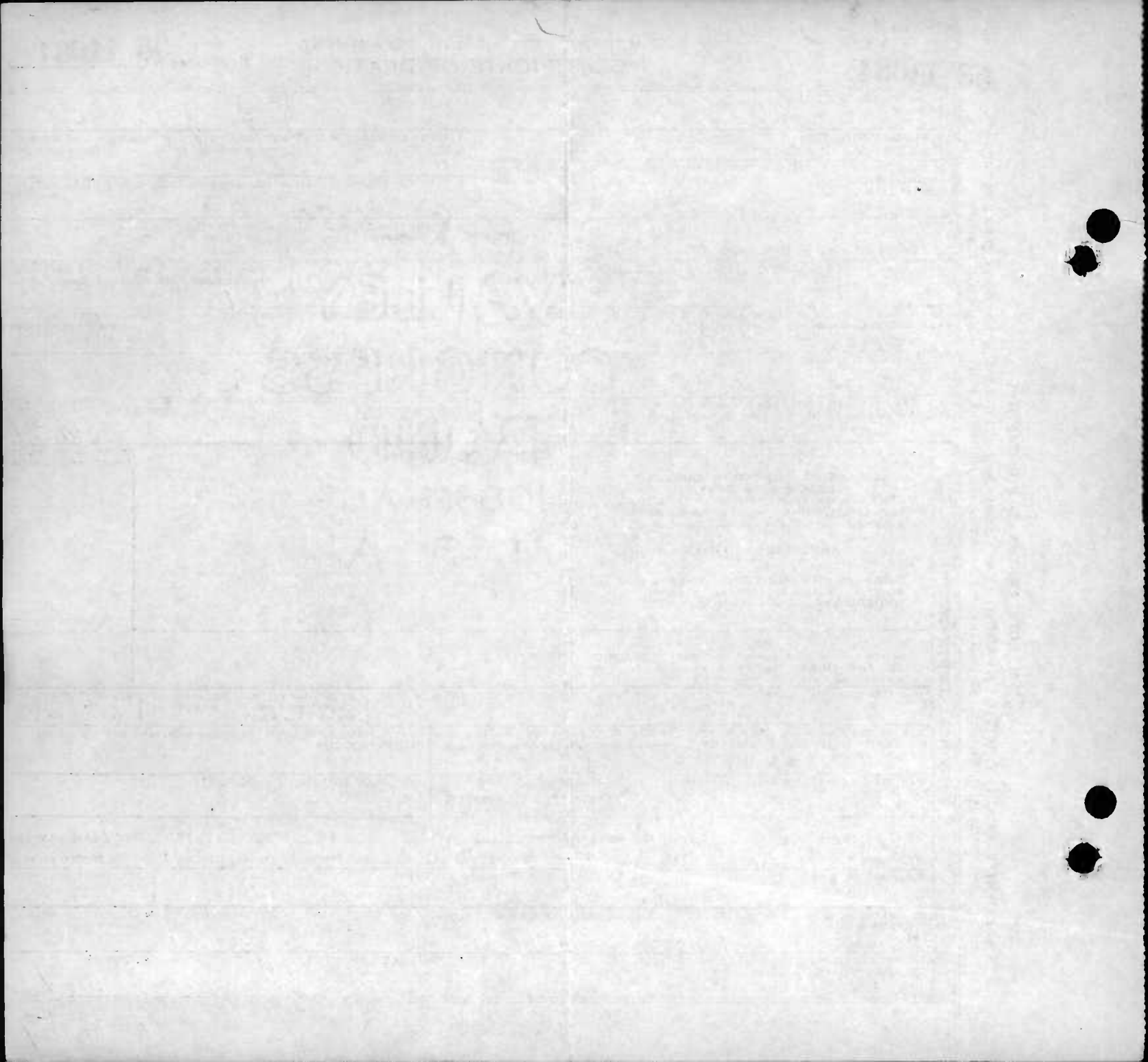
46. 24C. NAME OF CEMETERY OR CREMATORY **New Catholic**

47. 24D. LOCATION (City, town, or county) (State) **Balto, Md.**

48. DATE RECEIVED BY LOCAL REGISTRAR **DEC 16 1953**

49. REGISTRAR'S SIGNATURE **Frederick H. Williams**

50. 25. FUNERAL DIRECTOR **Harry H. Witke** ADDRESS **4101 Calverton Ave Balto 29, Md**



L-235
53 11085BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11085

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Lyston

2. DATE
OF
DEATH

Dec. 14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

604 Nottingham Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

604 Nottingham Rd

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 7, 1870

9. AGE (In years
last birthday)

83

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-----Gephardt

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Robert A. Easter, 604 Nottingham Rd

18.

422.1

CAUSE OF DEATH

Rd

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

ARTERIO-SCLEROTIC
DUE TO CARDIOVASCULAR Disease

5+ yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1953 to 12/14, 1953 that I last saw the
deceased alive on 12/13, 1953 and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John E. Easter

23B. ADDRESS

3629 Edmondson

23C. DATE SIGNED

12/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 17/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd. Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave.

CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 11086**

53 11086

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Hazel E. Flynn			2. DATE OF DEATH Dec. 14/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 163 N. Monastery Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 50 yrs.			D. STREET ADDRESS (If rural, give location) 163 N. Monastery Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 22, 1902	9. AGE (In years last birthday) 50	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward O'Brien			14. MOTHER'S MAIDEN NAME Mary Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS John T. Flynn, 163 N. Monastery Ave		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Occlusion	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular Renal Disease	(A) DUE TO (B) DUE TO (C)	1 yr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cardio Cirrhosis		About 3 months

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 8, 1953 to Dec. 14, 1953 that I last saw the deceased alive on Dec. 12, 1953 and that death occurred at 5:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Hubert W. Lane		23B. ADDRESS 3321 Frederick Ave		23C. DATE SIGNED 12/15/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 17/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 4101 Edmondson Ave.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

11088

1-10-19

DEATH OF

JOHN J. JAMES

AGE 75

101 WEST 11th ST.

CHURCH

JOHN J. JAMES

101 WEST 11th ST.

JOHN J. JAMES

CAUSE OF DEATH

HEART DISEASE

AGE 75

JOHN J. JAMES

HEART DISEASE

JOHN J. JAMES

JOHN J. JAMES

JOHN J. JAMES

JOHN J. JAMES

JOHN J. JAMES

JOHN J. JAMES

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11087

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 11087

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Elmer Washington

2. DATE
OF
DEATH

Dec. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

403 N. Gilmor St. #23

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Nov. 16, 1898

9. AGE (In years, last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Washington

14. MOTHER'S MAIDEN NAME

Katie Hammond

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. 4940 Eastern Ave. (records)

18.

154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the Rectum with
Liver, Metastasis Anemia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4, 1953, to 12-13, 1953 that I last saw the deceased alive on 12-13, 1953, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

John Van.

M. D.

23B. ADDRESS

4940 Eastern Ave

23C. DATE SIGNED

12-14-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/17/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 16 1953

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11088**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**BERNICE WILLIAMS**2. DATE
OF
DEATH**Dec. 15, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)**Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**Baltimore City Hosp.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

814 N. Central Avenue

c. Length of stay in Baltimore

20 yrs. Yrs. Mos. Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 27, 19229. AGE (In years
last birthday)**31**11 Under 1 Year 11 Under 24 Hours
Months: Days Hours: Min.12. CITIZEN OF
WHAT COUNTRY?10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Nurses Aid**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hartsville, S.C.

13. FATHER'S NAME

Chester Williams

14. MOTHER'S MAIDEN NAME

Aurelia Smith15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Aurelia Williams-814 N. Central Avenue18. **332X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral softening and hemorrhage, right

DUE TO

ANTECEDENT CAUSES

(B)

Cerebral edema

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jackson

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 16, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

12-19-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

A. A. County, MarylandDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

12-16-53**Huntington Williams, M.D.****Mrs. Robt. A. Elliott & Dgtr.**

1911

CERTIFICATE OF DEATH

1911

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Minister

Signature of Undertaker

Signature of Burial Officer

Signature of Cemetery

Signature of Church

Signature of Town

Signature of County

Signature of State

Signature of Union

Signature of Empire

Signature of Nation

Signature of World

Signature of Universe

Signature of God

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-625

53 11089

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11089

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Victoria M. Harkins

2. DATE
OF DEATH December 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

629 Dumbarton Avenue

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

629 Dumbarton Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 23, 1881

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Florian Schönter

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

--

(If yes, give war or dates of service)

--

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bernard L. Harkins, 629 Dumbarton Avenue

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, apoplexy, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary arteriosclerosis

19 mos.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1952 to Dec 14, 1953, that I last saw the deceased alive on Dec 14, 1953, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Frederick J. Vollmer

M. D.

23B. ADDRESS

6100 York Rd

23C. DATE SIGNED

Dec 15, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/17/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 16 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, & Co.

ADDRESS

1217 St. Paul Street

VS 150

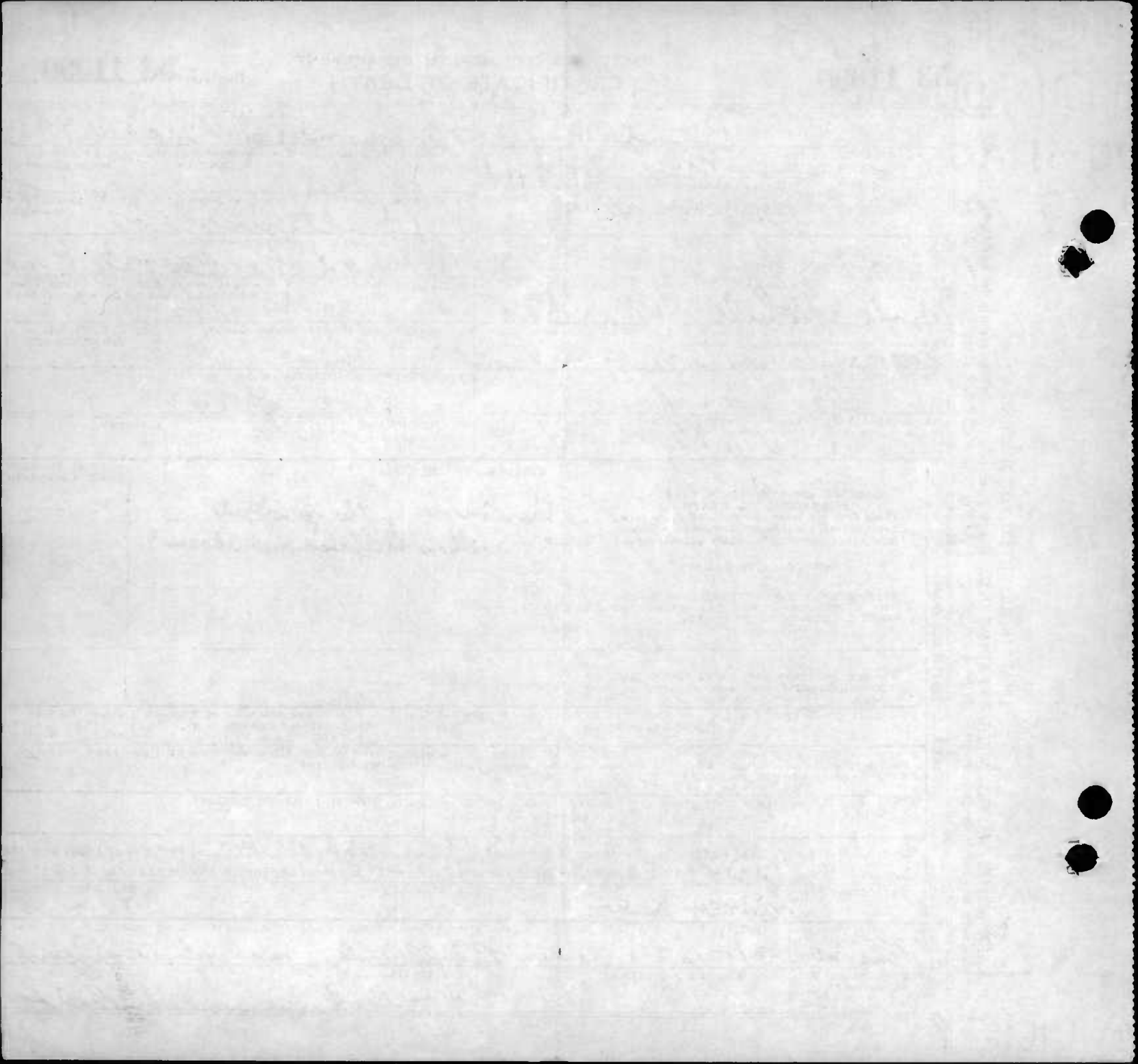
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J. 525
53 11090
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11090

1. NAME OF DECEASED (Type or Print) <i>Neal R. Johnson</i>			2. DATE OF DEATH <i>Dec. 14, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Inpt.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>4402 Wentworth Road</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5-7-84</i>		9. AGE (In years last birthday) Months Days <i>69</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Purchasing Agt. Johns Hopkins Hospital</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maine</i>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Irving Johnson</i>		
14. MOTHER'S MAIDEN NAME <i>Alice Coffin</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Yes U.S. #1</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of the prostate with widespread metastases</i>					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>8-7-1953</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-7-1953</i> to <i>12-14-1953</i> , that I last saw the deceased alive on <i>12-14-1953</i> and that death occurred at <i>1:40 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Sidney Boston</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>12-14-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/17/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Bluff Cemetery, Annapolis, Maryland</i>	
24D. LOCATION (City, town, or county) (State) <i>Annapolis, Maryland</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 16 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
FUNERAL DIRECTOR ADDRESS <i>Wm. Cook, Inc., 1217 E. Paul St.</i>		29085			



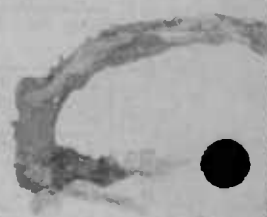
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11091
Registered No.

BIRTH NO. 53 11091		ROSE SEYMOUR		2. DATE OF DEATH Dec. 15, 1953	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson	
D. STREET ADDRESS (If rural, give location) 506 Baltimore Avenue				E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 14, 1872		9. AGE (In years last birthday) 81		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10B. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland				12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Fred Hennegen				14. MOTHER'S MAIDEN NAME Wilhelmina Wagner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Edna G. Lewis, 5820 Royal Oak Avenue				ADDRESS	
18. 331X CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebrovascular accident, right cerebral hemisphere DUE TO					
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK OR NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph G. Jachimczyk M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED Dec. 16, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/18/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Wm. Cook, Jr.		24F. ADDRESS 1217 St. Paul Street	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	

WOLF

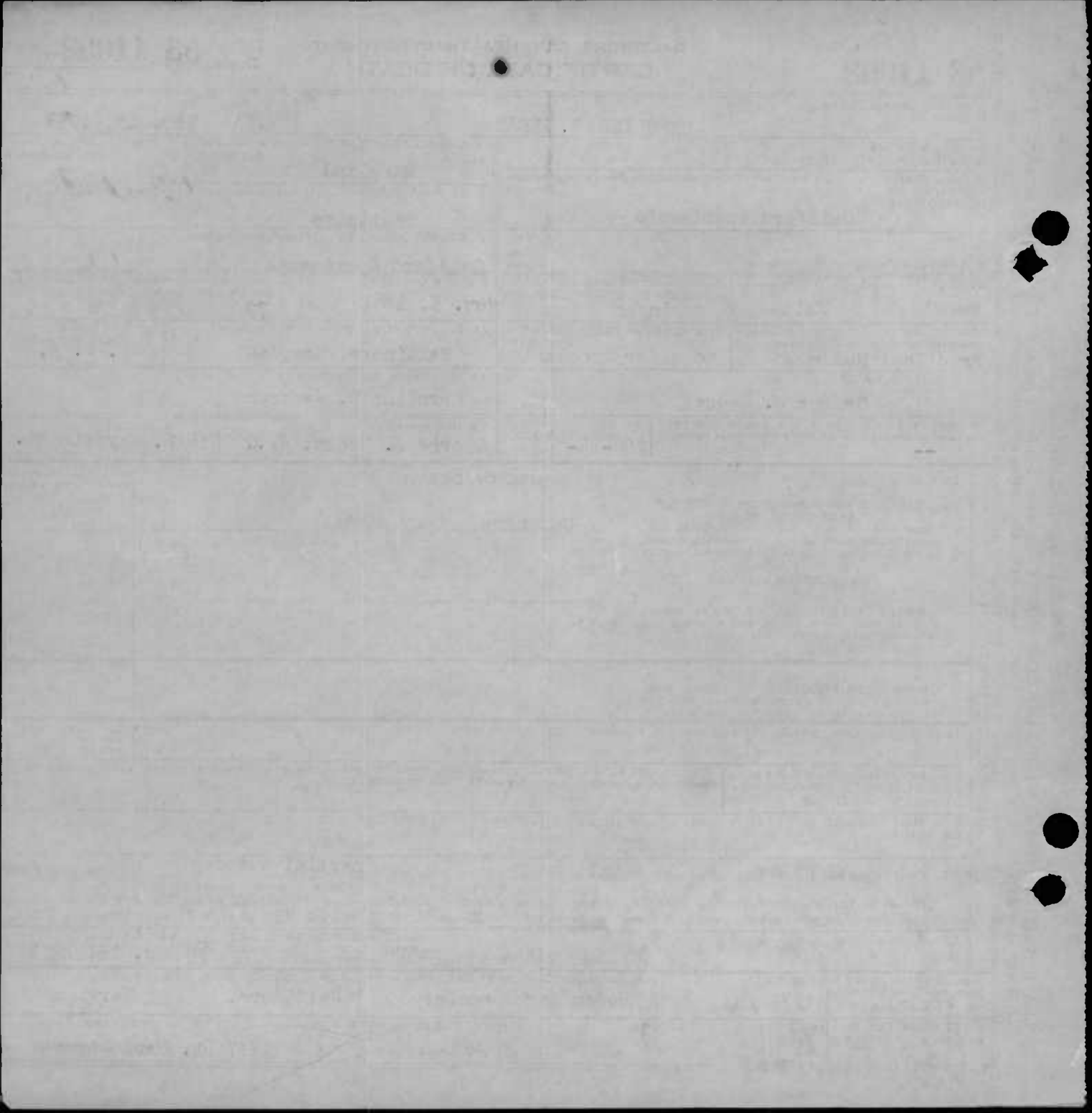
1911

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 11092R-200
53 11092

1. NAME OF DECEASED (Type or Print) CAROLINE E. REESE			2. DATE OF DEATH Dec. 15, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 12-05		
B. FULL NAME OF HOSPITAL OR INSTITUTION Guilford Apartments			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Guilford Apartments		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 5, 1881		9. AGE (in years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse		10B. KIND OF BUSINESS OR INDUSTRY Home for Incurables	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME George J. Reese			14. MOTHER'S MAIDEN NAME Caroline E. Jackson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --		16. SOCIAL SECURITY NO. 220-14-8325	17. INFORMANT ADDRESS George J. Reese, Jr., 2515 E. Fayette St.		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary artery disease DUE TO					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Joseph G. Jauchmeyer</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED Dec. 15, 1953	
24A. SERIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/18/53	24C. NAME OF CEMETERY OR CREMATORY Louden Park Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS 26m. Cook, Inc., 1217 St. Paul Street	



53

11093

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11093

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDITH T. MARSHALL

2. DATE
OF
DEATH Dec. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

none

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1501 Park Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1501 Park Avenue

c. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 19, 1875

9. AGE (In years
last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Charles Tyler

14. MOTHER'S MAIDEN NAME

Virginia Poulson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edith Cummings

1501 Park Avenue

18. 290.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute coronary occlusion

DUE TO

12/15/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Pernicious anemia with spinal cord
complications

DUE TO

5/26/28

to

(C) Arteriosclerosis

12/15/53

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/26, 1928, to 12/15, 1953 that I last saw the
deceased alive on 11/7, 1953, and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. B. Levin MD

M. D.

23B. ADDRESS

218 E. University Parkway

23C. DATE SIGNED

12 - 15 - 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12 - 17 - 53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

ADDRESS

M. B. Mitchell

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11003

11003

Dec. 12, 1963

SHIRLEY J. TARRANT

1001 Park Avenue
New York 17, New York
1001 Park Avenue

1001 Park Avenue

Dec. 12, 1963

SHIRLEY J. TARRANT

SHIRLEY J. TARRANT

SHIRLEY J. TARRANT

SHIRLEY J. TARRANT

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SHIRLEY J. TARRANT

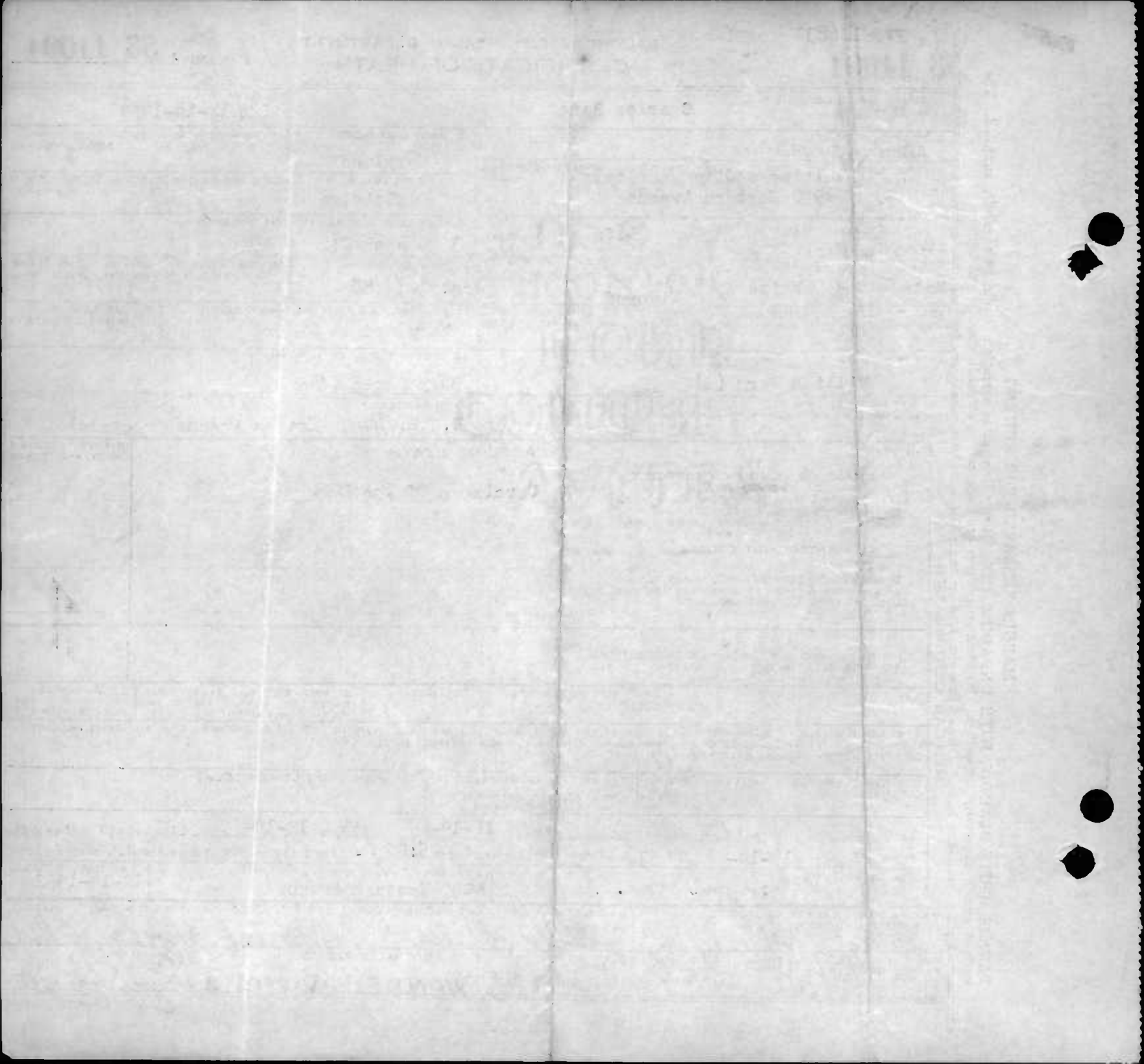
SHIRLEY J. TARRANT

MARGIN RESERVED FOR BINDING

The correct age is especially important. Every item of information should be carefully supplied. Please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Baltimore City Health Department				Registered No. 53 11094	
Certificate of Death					
1. NAME OF DECEASED (Type or Print) Charles Berg		2. DATE OF DEATH 12-14-1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3520 Bank Street #24			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 10, 1880	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME William Berg (d)			
14. MOTHER'S MAIDEN NAME Mary Bentz (d)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B.C.H. 4940 Eastern Avenue (records)			
18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma Of The Lung DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-19- , 19 53 , to 12-14- , 19 53 , that I last saw the deceased alive on 12-14- , 19 53 , and that death occurred at 5:05 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. John Doe		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-14-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 17, 1953		24C. NAME OF CEMETERY OR CREMATORY Green Haven	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS WENDELL DIPPEN & Highland ave			
DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1953		REGISTRAR'S SIGNATURE Wendell Dippel			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11095
Registered No. 53 11095

53 11095
BIRTH NO.

53-06835

1. NAME OF DECEASED
(Type or Print)

Thomas G. Brown

2. DATE
OF
DEATH

Dec. 16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3501 E. Fair Ave.

C. CITY OR TOWN (If outside corporate limits, give name of county and township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3501 E. Fair Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Mar. 21-1952

9. AGE (In years
last birthday)

8

10. Under 1 Year
Months Days

8 25

11. Under 24 Hours
Hours Min.

12. CITIZEN OF
WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

13. FATHER'S NAME

George W. M. Brown

14. MOTHER'S MAIDEN NAME

Patricia Ann Everett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Patricia Ann Everett 3501 E. Fair Ave.

ADDRESS

18. 760.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Broncho-pneumonia.

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebral Palsy.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1953, to Dec 16, 1953, that I last saw the deceased alive on Dec 16, 1953, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edward A. Flanagan Jr. M.D.

23B. ADDRESS

3501 Fair Ave

23C. DATE SIGNED

12-16-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 17-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem. Balto.

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 17 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John H. Miller

ADDRESS

2334 Jefferson St.

73 1108

73 1108



F 460
53 11096BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11096
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) J. A. GARY FOWLER			2. DATE OF DEATH December 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 15 -Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2675 Pennsylvania Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH July 16, 1878		9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Joseph O. Fowler			14. MOTHER'S MAIDEN NAME Katie Leitch		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Wm. M. Fowler 5926 Johnny Cake Rd.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: Natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. Jantzen		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D.		23C. DATE SIGNED Dec. 15, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-18-1953		24C. NAME OF CEMETERY OR CREMATORY Edward's Chapel	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE G. Howard Strong		25. FUNERAL DIRECTOR ADDRESS 3207 W. North Ave.	

K-151		BALTIMORE CITY HEALTH DEPARTMENT		53 11097	
53 11097		CERTIFICATE OF DEATH		Registered No. 53 11097	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) MRS. EDNA KOFFENBERGER		2. DATE OF DEATH 16 DECEMBER 53.	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore.			
c. Length of stay in Baltimore 22 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4112 Pine Hill Road 5300			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9 August 1890	9. AGE (in years last birthday) 63.	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY The Hecht Co		11. BIRTHPLACE (State or foreign country) Maryland.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME JAMES HILLIS		14. MOTHER'S MAIDEN NAME MARGARET FLUAGARTE.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 220-12-5103		17. INFORMANT ADDRESS Church Home & Hospital	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction (A) DUE TO Arterio sclerotic Coronary Thrombosis. (B) DUE TO (C) DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 day.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION nil.		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-15- , 1953 to 12-16- , 1953 that I last saw the deceased alive on 12-16- , 1953, and that death occurred at 1:10 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE W. Guichard		23B. ADDRESS Church Home & Hospital		23C. DATE SIGNED 12-16-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/19/53		24C. NAME OF CEMETERY OR CREMATORY Landon Park Cem	
24D. LOCATION (City, town, or county) Balto Md		24E. REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Lassahn Funeral Home 7401 Belair Rd	

1907

1907

ENTIRE DATE OF BIRTH

COPIES OF THIS REPORT



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11098

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Retha Brown

2. DATE
OF
DEATH

12-8-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Baltimore City Hospitals
4940 Eastern, AveC. CITY OR TOWN (If outside corporate limits, write full name and give
township)
Baltimore

D. STREET ADDRESS (If rural, give location)

715 W. North Ave, 17

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

Yrs.
Mos.
Days

8. DATE OF BIRTH

Dec. 12, 1953

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days

2

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Coley

14. MOTHER'S MAIDEN NAME

Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern, Ave (records)

18.

776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7-53, 19, to 12-8, 1953, that I last saw the
deceased alive on 12-8, 19 53. and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. P. J. J. J. J.

M. D.

23B. ADDRESS

4940 Eastern, Ave Balto. Md

23C. DATE SIGNED

12-8-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
cremation

24B. DATE

12-10-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospitals

24D. LOCATION (City, town, or county)

4940 Eastern Ave. Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

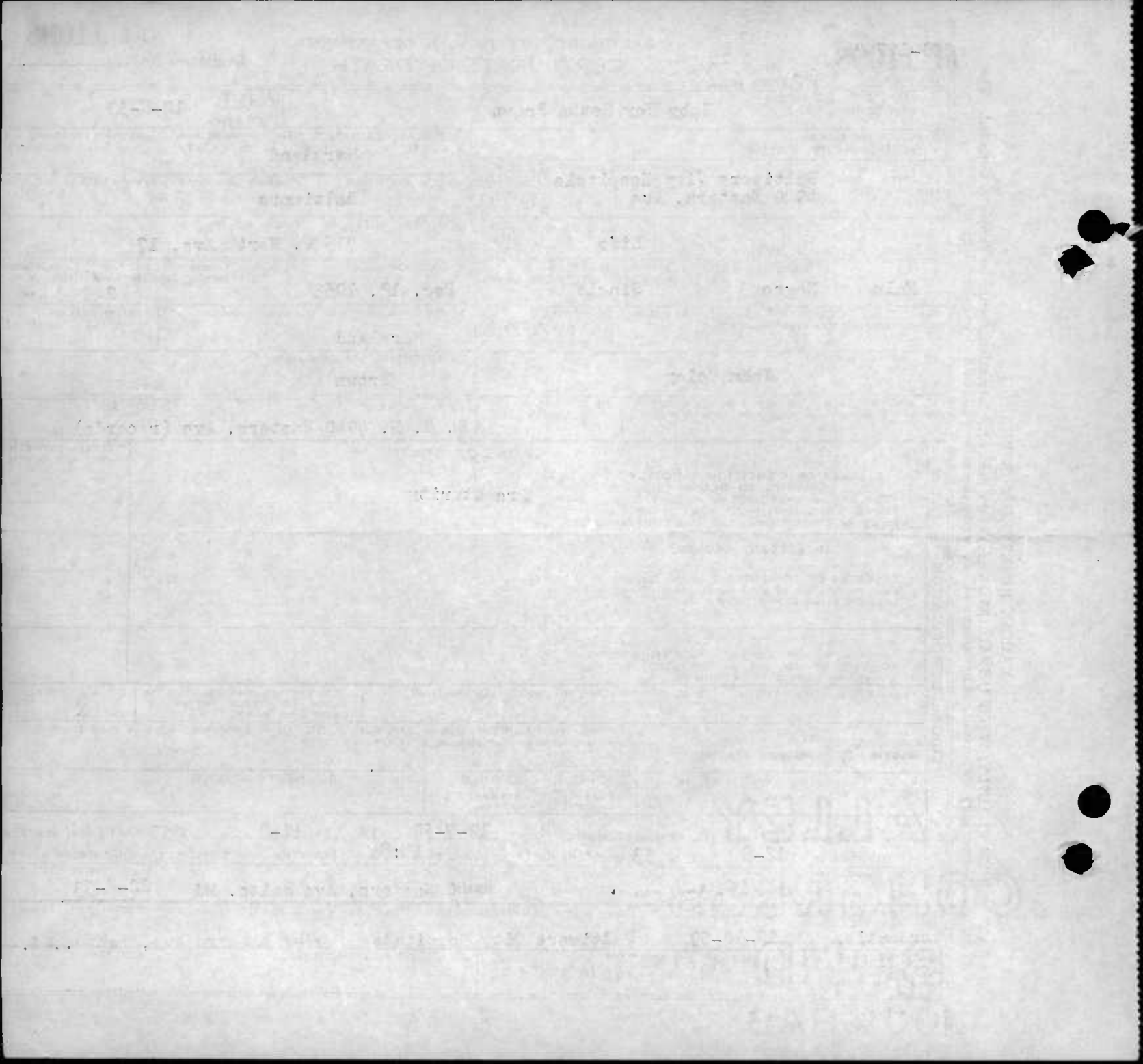
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

DEC 17 1953

VS 150



53 11099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11099
Registered No.

BIRTH NO. 53-28756

1. NAME OF DECEASED (Type or Print) Carly Ellen Wilson			2. DATE OF DEATH Nov. 29, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ind. b. COUNTY X		
5. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hosp.			c. CITY OR TOWN Balto.		
c. Length of stay in Baltimore 8 Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 1204 Waldo Ct.		
6. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 22, 1953	9. AGE (In years last birthday) 8	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Wilson			14. MOTHER'S MAIDEN NAME Amanda Haskins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mother ADDRESS Same address		

18. 762.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Atelectasis		INTERVAL BETWEEN ONSET AND DEATH 7 days	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Dehydration Diarrhea + Alcohol		24 hrs	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 22 , 19 53 , to Nov. 29 , 19 53 , that I last saw the deceased alive on Nov. 29 , 19 53 , and that death occurred at 3:45 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE H. Garland Churchill		23B. ADDRESS 1038 Edmonson		23C. DATE SIGNED 12-1-53	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Hope Cemetery	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1953	REGISTRAR'S SIGNATURE Thurston H. Williams, Jr.	25. FUNERAL DIRECTOR 1020 ADDRESS	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11100
Registered No. 53 11100

BIRTH NO. 53-27101

1. NAME OF DECEASED (Type or Print) BABY WILSON (Mary)			2. DATE OF DEATH 11-6-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY X		
5. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Balto.		
c. Length of stay in Baltimore 3 hrs			D. STREET ADDRESS (If rural, give location) 1610 Vincent CT		
6. SEX Fe.	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 6, 1953		9. AGE (In years last birthday) 3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jerome Wilson			14. MOTHER'S MAIDEN NAME Kathleen Patterson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Mother		ADDRESS Dave

18. 762.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CONGENITAL ALECTASIA		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Nov 6, 1953		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov 6, 1953 to Nov 6, 1953 that I last saw the deceased alive on Nov 6, 1953 and that death occurred at 7:30 P.m. , from the causes and on the date stated above.				
23A. SIGNATURE Dr. H. P. [Signature]		23B. ADDRESS 1723 [Address]	23C. DATE SIGNED 11-6-53	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Forest [Signature]	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1953	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR 0 9 7	ADDRESS

COLLEGE

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COLLEGE

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11-11-11

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11101

Registered No.

BIRTH NO. 53-11101-278

1. NAME OF DECEASED
(Type or Print)

Baby Hooper

2. DATE
OF
DEATH

Sept. 4, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

President Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

1837 E. Lafayette Ave

c. Length of stay in Baltimore

10 min.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 4, 1953

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard Redd.

14. MOTHER'S MAIDEN NAME

Jessie Hooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Jessie Hooper 1837 E. Lafayette

18. 759.3
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

717 D.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1953, to 9/4, 1953, that I last saw the
deceased alive on 9/4, 1953, and that death occurred at 7:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE

D. Louisi J. J. J.

M. D.

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

10/11/66

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WASH. D.C.

10/11/66

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 11102
Registered No. _____

53 11102

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) **JACOB BECKER**

2. DATE OF DEATH **12/16/53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md** B. COUNTY **Baltimore**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **Union Memorial Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore #17

c. Length of stay in Baltimore **61**

D. STREET ADDRESS (If rural, give location)
Temple Drake Apartments

5. SEX **M**

6. COLOR OR RACE **N**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH **Aug 10, 1880**

9. AGE (In years last birthday) **73**
If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired

10B. KIND OF BUSINESS OR INDUSTRY
Clothing Bus.

11. BIRTHPLACE (State or foreign country)
Russia

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
Benjamin Becker

14. MOTHER'S MAIDEN NAME
Julia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
?

16. SOCIAL SECURITY NO. _____

17. INFORMANT ADDRESS
Benard Becker 3501 Guilford Ave Baltimore

18. **163X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Carcinoma of the lung - squamous cell

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Right Pneumo - hydes T. box

(B) DUE TO
(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/20**, 19**53**, to **12/10**, 19**53**, that I last saw the deceased alive on **12/14**, 19**53** and that death occurred at **12:00** m., from the causes and on the date stated above.

23A. SIGNATURE **F. M. Clarke**

23B. ADDRESS **Union Memorial Hosp**

23C. DATE SIGNED **12/16**

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE **12-17-1953**

24C. NAME OF CEMETERY OR CREMATORY **Arlington**

24D. LOCATION (City, town, or county) (State)
Balto Md

DATE RECEIVED BY LOCAL REGISTRAR
DEC 17 1953

REGISTRAR'S SIGNATURE **Washington Williams**

25. FUNERAL DIRECTOR
Jack Lewis

ADDRESS **2100 Centau Pl**

8111 36

8011 36



5-320
53 11103BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11103
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sutka, Catherine Josephine

2. DATE
OF
DEATH

12-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

40 Admiral Boulevard

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2-25-1880

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Vogelsang, Louis

14. MOTHER'S MAIDEN NAME

Geltz, Louisa

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

OSCAR L. SUTKA 517 S. ROLLING RD

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 12-11, 1953, to 12-16, 1953 that I last saw the
deceased alive on 12-16, 1953 and that death occurred at 6 PM m., from the causes and on the date stated above.

23A. SIGNATURE

Marjorie H. Hendry

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

12-16-53

24A. BURIAL (CREMA-
TION, REMOVAL) (Specify)

BURIAL

24B. DATE

DEC 18-1953

24C. NAME OF CEMETERY OR CREMATORY

MEADOW RIDGE

24D. LOCATION (City, town, or county)

DORSEY MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

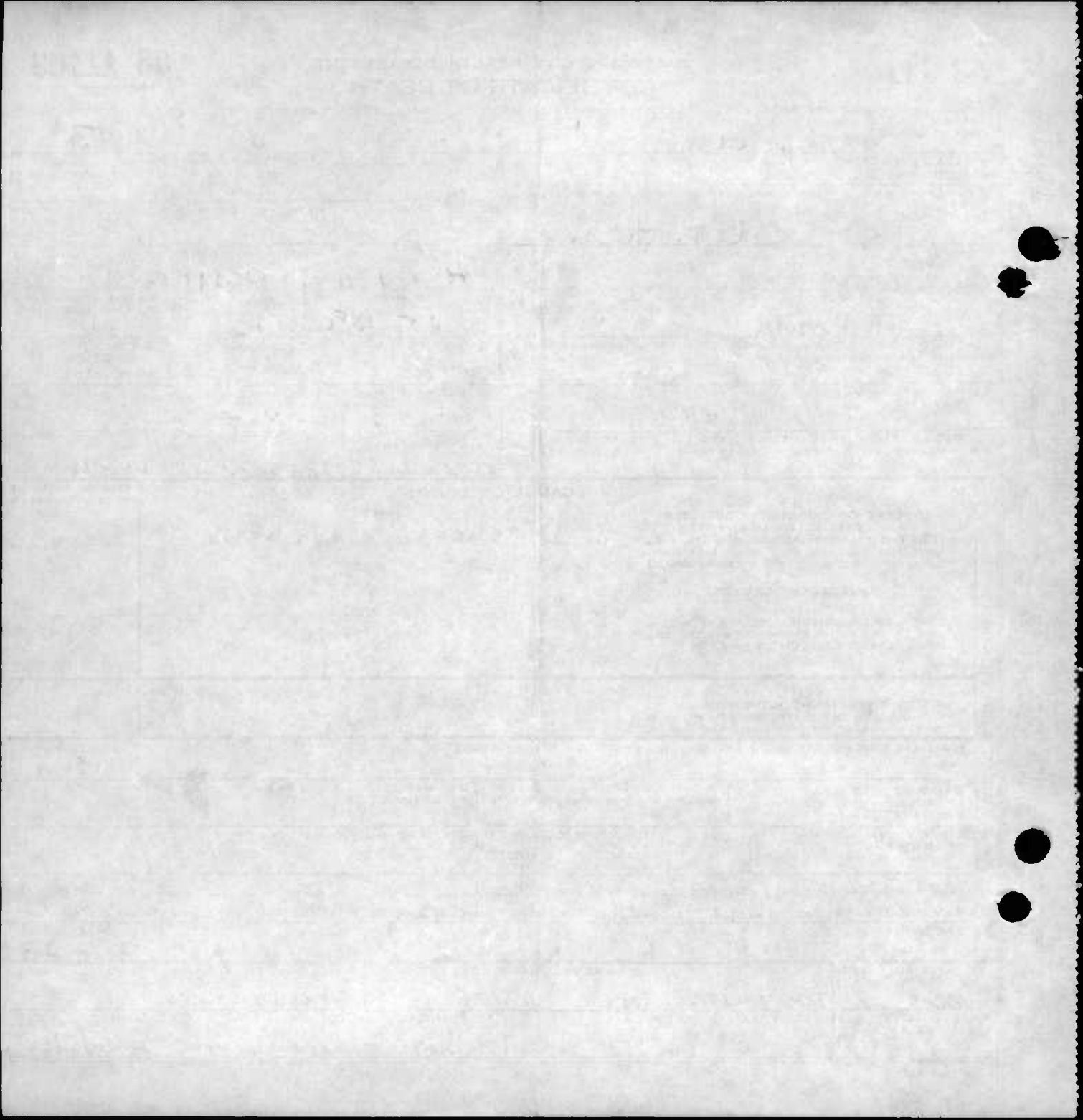
2112

DEC 17 1953

Huntington Williams

VULRICH FUNERAL HOME

DUNPAVIS.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-520

53

11104

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11104

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERMAN SEHNKE

2. DATE
OF
DEATH

12/14/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

MERCY HOSPITAL INC.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

d. STREET ADDRESS (If rural, give location)

1809 N. MILTON AVE

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11/10/86

9. AGE (In years last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED FIREMAN

10b. KIND OF BUSINESS OR INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

BALTO. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FREDERICK SEHNKE

14. MOTHER'S MAIDEN NAME

Anna Kohlmeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

219-28-7318

17. INFORMANT

Mrs Margaret G. Sehnke

ADDRESS

Same.

19. 578X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

UREMIA & UNEXPLAINED GASTRO

22 days

DUE TO

INTESTINAL HEMORRHAGE

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

11/22/53

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

EXPL. LAPAROTOMY

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/23, 1953, to 12/14, 1953, that I last saw the deceased alive on 12/14, 1953, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE

George H. Quill

23b. ADDRESS

Mercy Hospital

23c. DATE SIGNED

12/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

12/17/53

24c. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24d. LOCATION (City, town, or county)

Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR

DEC 17 1953

REGISTRAR'S SIGNATURE

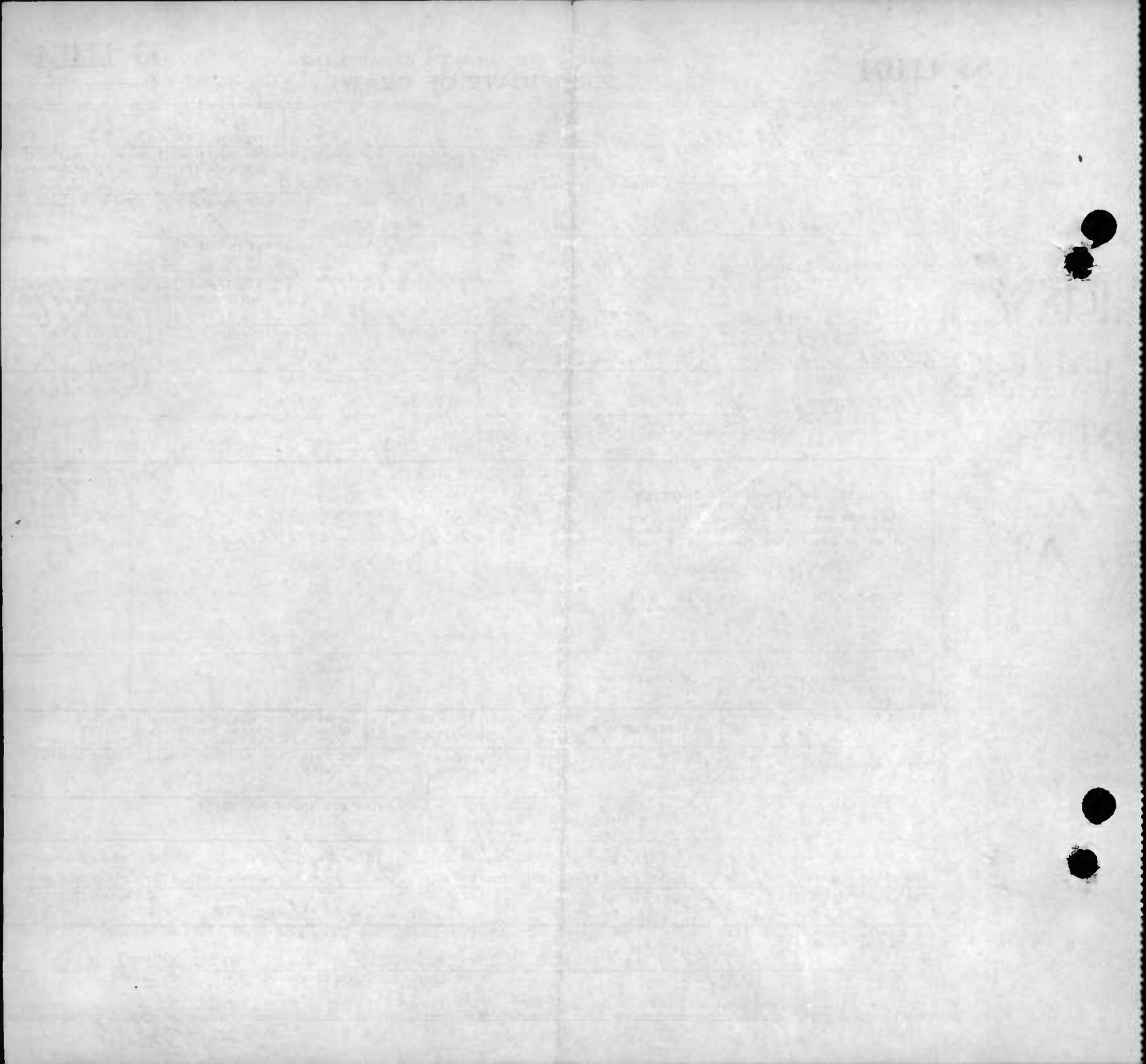
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Henry Sander & Sons Inc.

Baltimore Maryland

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-620
3 11105

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 11105

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		HINSON BRUCE		Dec. 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-01			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1308 Stockton St.			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH 10/31/1895	9. AGE (In years last birthday) 58	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10B. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) S.C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henson Bruce		14. MOTHER'S MAIDEN NAME Esther			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 240-28-2267		17. INFORMANT ADDRESS John Bruce 1526 Baker St	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. J... M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 16, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 12/19/53	24C. NAME OF CEMETERY OR CREMATORY Hamlet		24D. LOCATION (City, town, or county) (State) Hamlet, N.C.	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Chas. Harper		ADDRESS
VS 151					

97024 512 Cancellation au

100-11107

RECEIVED JAN 10 1964

11107

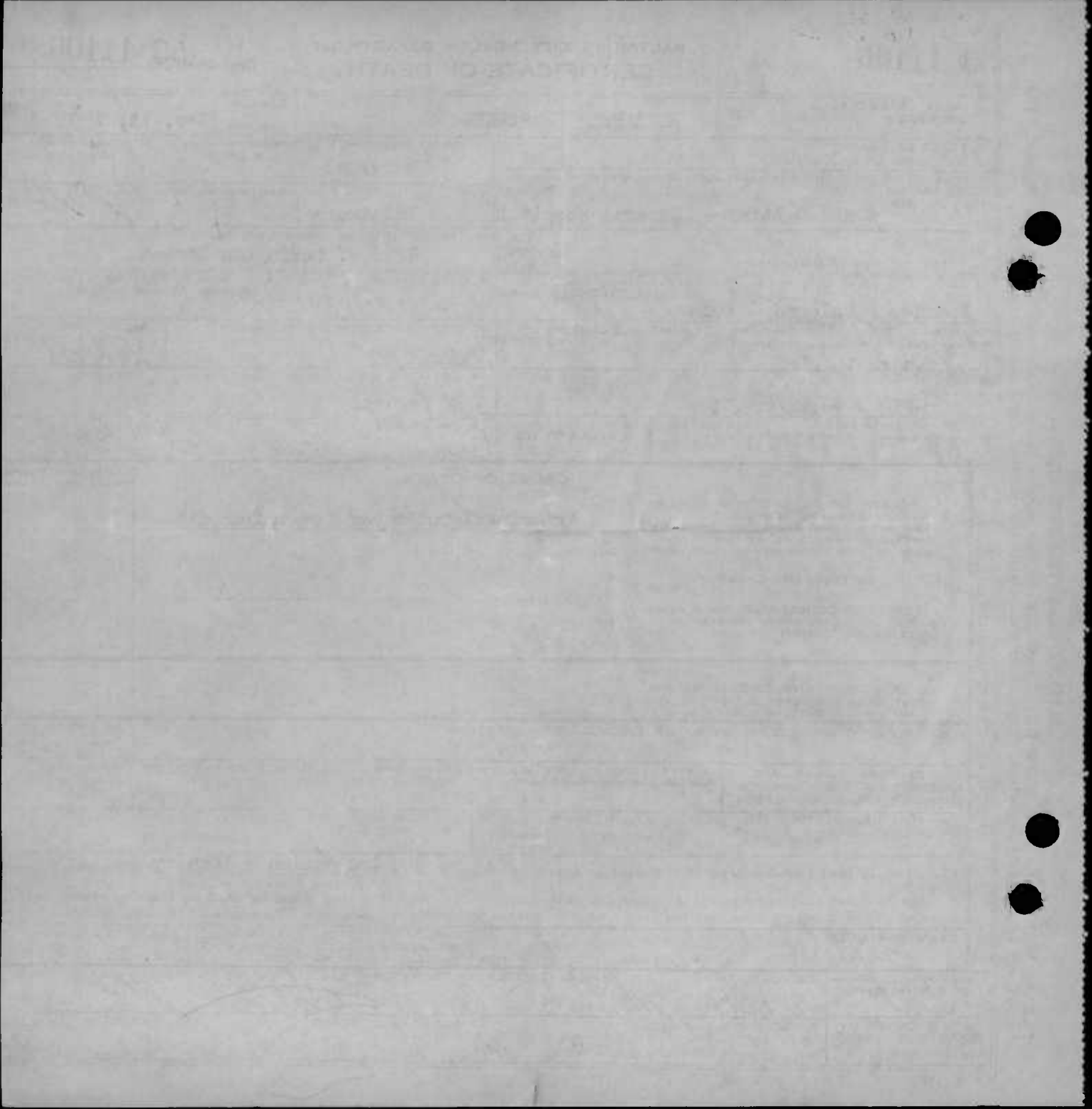
RECEIVED JAN 10 1964

[Faint, mostly illegible text and markings covering the page, including horizontal lines and scattered characters.]

B-652
53 11106BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11106

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		ELIZABETH BARNES		2. DATE OF DEATH Dec. 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1213 W. Lexington Street			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 17, 1881		9. AGE (In years, months, days) 72		10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Franklin Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Barry Turner		14. MOTHER'S MAIDEN NAME Polly		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			
16. SOCIAL SECURITY NO.		17. INFORMANT Benjamin Barnes - Bryant Ave		ADDRESS 2318			
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE Joseph A. Jackson, Jr.				23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED Dec. 16, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 12/19/1953		24C. NAME OF CEMETERY OR CREMATORY Mt. Vernon Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 320 N. Schenck St.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 11107**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie E. Klein

2. DATE
OF
DEATH

Dec 16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION

3008 Kenyon Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

md.

B. COUNTY

before admission)

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3008 Kenyon Ave

c. Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb 11-1865

9. AGE (in years last birthday)

88

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James Williams

14. MOTHER'S MAIDEN NAME

Rose Mc W. Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Louise E. Eck 3008 Kenyon Ave

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

**Coronary Sclerosis
Arterio Sclerosis of Heart**

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cholecystitis - Pericystitis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept 15-53**, 19**53**, to **Dec 16**, 19**53**, that I last saw the deceased alive on **Dec 16, 1953** and that death occurred at **3:15 AM** from the causes and on the date stated above.

23A. SIGNATURE

Walter A. Anderson

23B. ADDRESS

3001 Hammond St

23C. DATE SIGNED

Dec 16-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 19-53

24C. NAME OF CEMETERY OR CREMATORY

Italy (Redeemer)

24D. LOCATION (City, town, or county)

Belair Rd. Balto 6 Md.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 17 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

7110 Belair Rd

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Place of birth	
6. Date of death		7. Time of death		8. Cause of death		9. Manner of death		10. Signature of physician	
11. Signature of registrar		12. Signature of informant		13. Signature of witness		14. Signature of funeral director		15. Signature of undertaker	
16. Signature of coroner		17. Signature of jury		18. Signature of jury		19. Signature of jury		20. Signature of jury	
21. Signature of jury		22. Signature of jury		23. Signature of jury		24. Signature of jury		25. Signature of jury	
26. Signature of jury		27. Signature of jury		28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury		34. Signature of jury		35. Signature of jury	
36. Signature of jury		37. Signature of jury		38. Signature of jury		39. Signature of jury		40. Signature of jury	
41. Signature of jury		42. Signature of jury		43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury		49. Signature of jury		50. Signature of jury	
51. Signature of jury		52. Signature of jury		53. Signature of jury		54. Signature of jury		55. Signature of jury	
56. Signature of jury		57. Signature of jury		58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury		64. Signature of jury		65. Signature of jury	
66. Signature of jury		67. Signature of jury		68. Signature of jury		69. Signature of jury		70. Signature of jury	
71. Signature of jury		72. Signature of jury		73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury		79. Signature of jury		80. Signature of jury	
81. Signature of jury		82. Signature of jury		83. Signature of jury		84. Signature of jury		85. Signature of jury	
86. Signature of jury		87. Signature of jury		88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury		94. Signature of jury		95. Signature of jury	
96. Signature of jury		97. Signature of jury		98. Signature of jury		99. Signature of jury		100. Signature of jury	

G-650
53 11108BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11108

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Janet Green

2. DATE
OF
DEATH

12-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Doctors Hospital

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

27-09

D. STREET ADDRESS (If rural, give location)

1544 Burnwood Rd., 12

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 30-1897 56

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Glasgow, Scotland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hugh Mac Kinnon

14. MOTHER'S MAIDEN NAME

Effie Currie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. James Green

ADDRESS

same

18. 150X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Eupyema of mediastinitis

34 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Perforation of oesophagus

34 days

(C) Carcinoma of oesophagus

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/20/53; 11/25/53

19B. MAJOR FINDINGS OF OPERATION

Shoracotomy, tube enterostomy

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 20 1953, to Dec 16 1953, that I last saw the
deceased alive on 12-16, 1953, and that death occurred at 10:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Theodore J. Graziano

23B. ADDRESS

2802 Harford Rd

23C. DATE SIGNED

10/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/18/1953

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park Balto Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 17 1953

Huntington Williams

L. J. Luck

5305 Harford

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. COLOR		9. RELIGION		10. EDUCATION	
11. CAUSE OF DEATH		12. MANNER OF DEATH		13. PLACE OF DEATH		14. TIME OF DEATH		15. SIGNATURE OF REGISTRAR	
16. SIGNATURE OF PHYSICIAN		17. SIGNATURE OF FUNERAL HOME		18. SIGNATURE OF WITNESSES		19. SIGNATURE OF DECEASED		20. SIGNATURE OF NEXT OF KIN	
21. SIGNATURE OF DECEASED		22. SIGNATURE OF NEXT OF KIN		23. SIGNATURE OF DECEASED		24. SIGNATURE OF NEXT OF KIN		25. SIGNATURE OF DECEASED	
26. SIGNATURE OF NEXT OF KIN		27. SIGNATURE OF DECEASED		28. SIGNATURE OF NEXT OF KIN		29. SIGNATURE OF DECEASED		30. SIGNATURE OF NEXT OF KIN	
31. SIGNATURE OF DECEASED		32. SIGNATURE OF NEXT OF KIN		33. SIGNATURE OF DECEASED		34. SIGNATURE OF NEXT OF KIN		35. SIGNATURE OF DECEASED	
36. SIGNATURE OF NEXT OF KIN		37. SIGNATURE OF DECEASED		38. SIGNATURE OF NEXT OF KIN		39. SIGNATURE OF DECEASED		40. SIGNATURE OF NEXT OF KIN	
41. SIGNATURE OF DECEASED		42. SIGNATURE OF NEXT OF KIN		43. SIGNATURE OF DECEASED		44. SIGNATURE OF NEXT OF KIN		45. SIGNATURE OF DECEASED	
46. SIGNATURE OF NEXT OF KIN		47. SIGNATURE OF DECEASED		48. SIGNATURE OF NEXT OF KIN		49. SIGNATURE OF DECEASED		50. SIGNATURE OF NEXT OF KIN	
51. SIGNATURE OF DECEASED		52. SIGNATURE OF NEXT OF KIN		53. SIGNATURE OF DECEASED		54. SIGNATURE OF NEXT OF KIN		55. SIGNATURE OF DECEASED	
56. SIGNATURE OF NEXT OF KIN		57. SIGNATURE OF DECEASED		58. SIGNATURE OF NEXT OF KIN		59. SIGNATURE OF DECEASED		60. SIGNATURE OF NEXT OF KIN	
61. SIGNATURE OF DECEASED		62. SIGNATURE OF NEXT OF KIN		63. SIGNATURE OF DECEASED		64. SIGNATURE OF NEXT OF KIN		65. SIGNATURE OF DECEASED	
66. SIGNATURE OF NEXT OF KIN		67. SIGNATURE OF DECEASED		68. SIGNATURE OF NEXT OF KIN		69. SIGNATURE OF DECEASED		70. SIGNATURE OF NEXT OF KIN	
71. SIGNATURE OF DECEASED		72. SIGNATURE OF NEXT OF KIN		73. SIGNATURE OF DECEASED		74. SIGNATURE OF NEXT OF KIN		75. SIGNATURE OF DECEASED	
76. SIGNATURE OF NEXT OF KIN		77. SIGNATURE OF DECEASED		78. SIGNATURE OF NEXT OF KIN		79. SIGNATURE OF DECEASED		80. SIGNATURE OF NEXT OF KIN	
81. SIGNATURE OF DECEASED		82. SIGNATURE OF NEXT OF KIN		83. SIGNATURE OF DECEASED		84. SIGNATURE OF NEXT OF KIN		85. SIGNATURE OF DECEASED	
86. SIGNATURE OF NEXT OF KIN		87. SIGNATURE OF DECEASED		88. SIGNATURE OF NEXT OF KIN		89. SIGNATURE OF DECEASED		90. SIGNATURE OF NEXT OF KIN	
91. SIGNATURE OF DECEASED		92. SIGNATURE OF NEXT OF KIN		93. SIGNATURE OF DECEASED		94. SIGNATURE OF NEXT OF KIN		95. SIGNATURE OF DECEASED	
96. SIGNATURE OF NEXT OF KIN		97. SIGNATURE OF DECEASED		98. SIGNATURE OF NEXT OF KIN		99. SIGNATURE OF DECEASED		100. SIGNATURE OF NEXT OF KIN	

M-450
53 11109BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11109
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Charles E. Mullen.</i>			2. DATE OF DEATH <i>12/15/53.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-34</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Don Secours Hospital</i> <i>2020 W. Fayette St Balto, Md. #23</i>			D. STREET ADDRESS (If rural, give location) <i>4111 Montana Ave. #6</i>			C. Length of stay in Baltimore Yrs. <i>34</i> Mos. <i>34</i> Days		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married.</i>	8. DATE OF BIRTH <i>7/7/01</i>	9. AGE (In years, last birthday) <i>52</i>	II Under 1 Year Months: <i>52</i> Days	II Under 24 Hours Hours: <i>52</i> Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Packer - Hammet Chem. Co.</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Hammet Chemical Co.</i>			11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>James Mullen</i>			14. MOTHER'S MAIDEN NAME <i>Grace Butler.</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>215-01-5418</i>			17. INFORMANT <i>Mrs. Hazel L. Mullen - MONTANA</i>		
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Nephrosclerosis with 2nd uremic</i> DUE TO (B) <i>Hypertensive arteriosclerotic Cardiovascular renal disease</i> DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH <i>10 mo.</i>		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>12/8</i> , 19 <i>53</i> to <i>12/15</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/15</i> , 19 <i>53</i> , and that death occurred at <i>10 20</i> m., from the causes and on the date stated above.								
23A. SIGNATURE <i>Donald J. Ruck</i>			23B. ADDRESS <i>2020 W. Fayette St Balto, Md.</i>			23C. DATE SIGNED <i>12/15/53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>Dec. 19-1953</i>			24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>		
24D. LOCATION (City, town, or county) <i>BALTO</i>			24E. STATE <i>Md.</i>			25. FUNERAL DIRECTOR <i>Donald J. Ruck</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 17 1953</i>			REGISTRAR'S SIGNATURE <i>William H. Williams</i>			ADDRESS <i>5205 Harford</i>		

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11110

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11110
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Veronica C. Peters

2. DATE
OF
DEATH

12/15/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mercy Hospital, Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2914 Overland Ave.

c. Length of stay in Baltimore

78 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED,
WIDOWED DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

5/25/1875

9. AGE (In years last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Burley

14. MOTHER'S MAIDEN NAME

BRIDGID. Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Son LARRY PETERS 5303 Alden Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Embolism

12 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Auricular Fibrillation

5 yrs

DUE TO

(C) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE 10 yrs +

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1953 to 12/15, 1953 that I last saw the deceased alive on 12/15, 1953 and that death occurred at 6:22 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John W. Hearn Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

12/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Burial Dec 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Bald Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

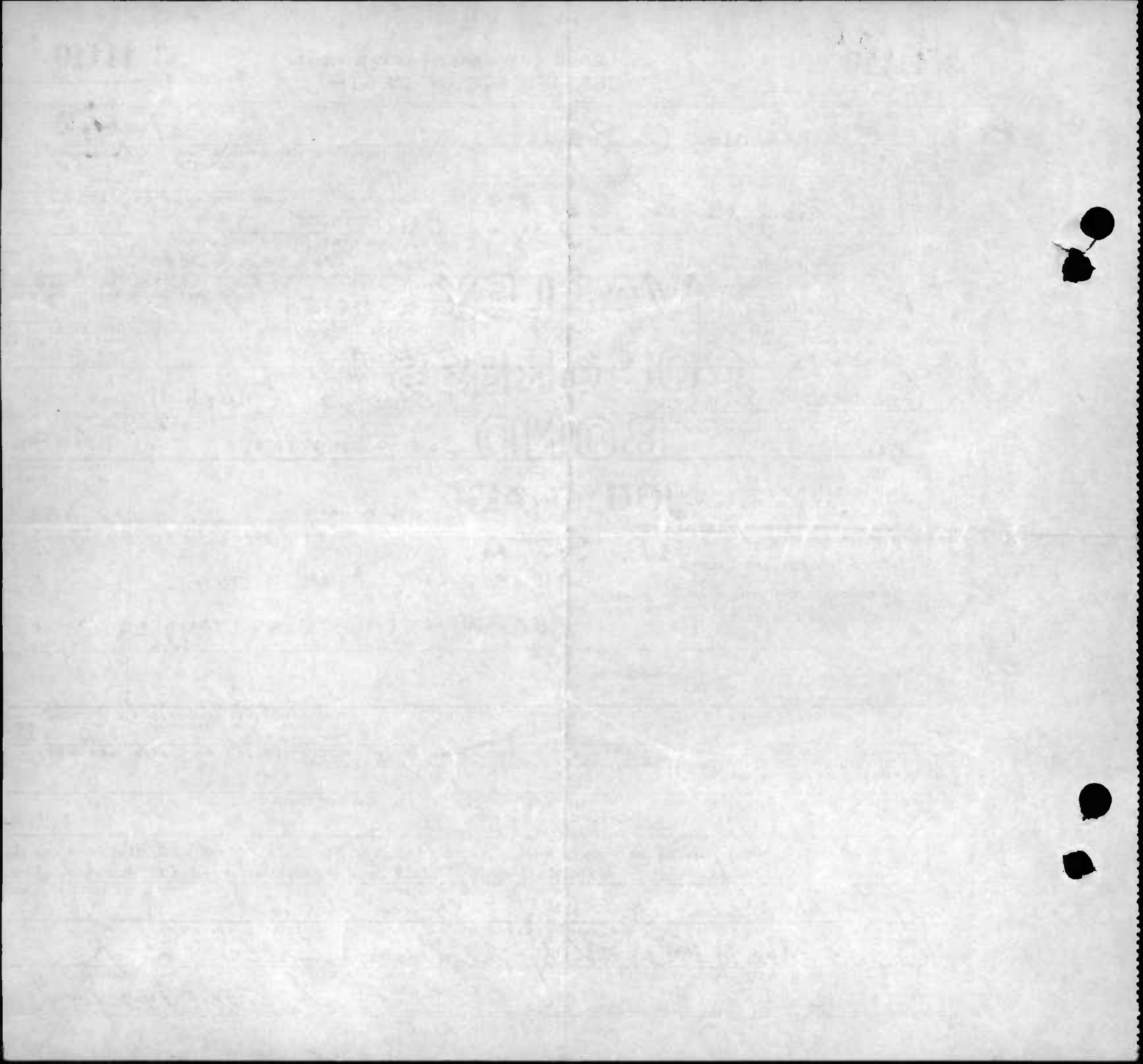
DEC 1 1953

26. FUNERAL DIRECTOR

ADDRESS

J. Kuck 5365 Bayford

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-251
53 11111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11111

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			Rosenberger, Joseph L.			December 15, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
			A. STATE Maryland					
B. FULL NAME OF HOSPITAL OR INSTITUTION 41 St. Joseph's Hospital			C. CITY OR TOWN Baltimore			7-05		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)			811 N. Washington Street		
5. SEX Male			6. COLOR OR RACE White			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower		
8. DATE OF BIRTH OCT. 8-1884			9. AGE (In years last birthday) 69			10. Under 1 Year Months: Days		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher			10B. KIND OF BUSINESS OR INDUSTRY Belair Market			11. BIRTHPLACE (State or foreign country) Maryland		
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Lawrence Rosenberger			14. MOTHER'S MAIDEN NAME Susanna		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT Miss Lillian Rosenberger		
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
			(A) Carcinoma of Caecum with metastases					
ANTECEDENT CAUSES			(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from November 4, 1953 to December 15, 1953 that I last saw the deceased alive on Dec. 15, 1953, and that death occurred at 1:00 p.m., from the causes and on the date stated above.								
23A. SIGNATURE Louis A. Fritz			23B. ADDRESS 1100 N. Caroline Street			23C. DATE SIGNED Dec. 15, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 12/18/1953			24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		
24D. LOCATION (City, town, or county) (State) BALTO MD			24E. FUNERAL DIRECTOR William M. Leonard			24F. ADDRESS 5305 Harford		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE					

BODY TAKEN BY

NAME

ADDRESS

DATE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-460
53 11112BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11112

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. William L. Hall

2. DATE
OF
DEATH

Dec. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5600 Loch Raven Blvd

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5600 Loch Raven Blvd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 18, 1893

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Supt. Post Office

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas E. Hall

14. MOTHER'S MAIDEN NAME

Mary F. Carey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary R. Hall, 5600 Loch Raven

18. 153x and 260x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cancer of descending Colon 1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

6 years

19A. DATE OF OPERATION

Nov-1953

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Cancer of Colon

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

none

21E. INJURY OCCURRED

M.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10th 1953 to Dec 15, 1953, that I last saw the
deceased alive on 12-14, 1953, and that death occurred at 12:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

L. L. Gandy

M. O.

23B. ADDRESS

5106 Harford Rd

23C. DATE SIGNED

12-15-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/18/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard H. Rack

ADDRESS

5305 Harford Rd.

VS 150

29090

5111 51

5111 51

Dr. Hardy
5106 - Mayfield
6-8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-625 53 11113		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11113	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Mary A. Marken			2. DATE OF DEATH Dec. 15, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Harford		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Street		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 6200		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8.22.1885	9. AGE (in years last birthday) 68	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia
13. FATHER'S NAME Samuel Gordon			14. MOTHER'S MAIDEN NAME Sarah Edmondson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		
18. 162x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Blunt cont. pulmonary stump			CAUSE OF DEATH (A) Hemorrhage - Pulmonary Artery DUE TO (B) Right Pneumothorax DUE TO (C) Bronchiogenic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 5 hours 12/15-8AM
19A. DATE OF OPERATION 12/15		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Bronchiogenic CA		20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/13 , 19 53 , to 12/15 , 19 53 , that I last saw the deceased alive on 12/15 , 19 53 , and that death occurred at SP m., from the causes and on the date stated above.					
23A. SIGNATURE Arnold L. Vance		23B. ADDRESS 2422 E. Light Ave.		23C. DATE SIGNED 12/15/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/18/53		24C. NAME OF CEMETERY OR CREMATORY Fork M. E. Cem	
24D. LOCATION (City, town, or county) Fork - Md		24E. FUNERAL DIRECTOR Leonard J. Ruck		24F. ADDRESS 5305 Harford	
25. LOCAL REGISTRAR Wilmington Williams		26. REGISTRAR'S SIGNATURE Wilmington Williams			

5/1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

Bertha Romanek (Roneo)

2. DATE OF DEATH

Dec. 15/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md.

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5300

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

6303 Moyer Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

Female

White

Widowed

1909

44

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

House Wife

Baltimore

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Ksepka

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Irene Harris

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Infarction

1 yr.

DUE TO

Chronic Hypertension

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

QUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 19, 1953, to Dec. 15, 1953, that I last saw the deceased alive on Dec. 12, 1953, and that death occurred at 11 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dr. W. F. Kunkron

M. O.

3138 Hudson St

Dec 17/53

24A. BURIAL, CREMA- REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Dec. 19/53

Holy Rosary

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 17 1953

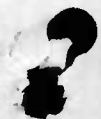
Wm. Williams, M.D.

Fred W. Ozaszewski

1930 Eastern Ave

1111 60

1111 60



B-635
53 11115BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11115
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS A. BRUDNICKI

2. DATE
OF DEATH Dec. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1612 Church Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Jan. 17, 1908

9. AGE (in years
last birthday)

45

10. Under 1 Year 11. Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

B. & O. R. R.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Brudnicki

14. MOTHER'S MAIDEN NAME

Stella Pawolkiewicz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

705-09-1094 Stella Rusul 1612 Church St.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive and arteriosclerotic
disease due to cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachims

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☒

23C. DATE SIGNED

Dec. 16, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

A.A. Co.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

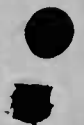
ADDRESS

Wm. S. Fialkowski 2007 Eastern Ave.

1111

RECEIVED THE
CERTIFICATE OF

1111



MARGIN RESERVED FOR BINDING

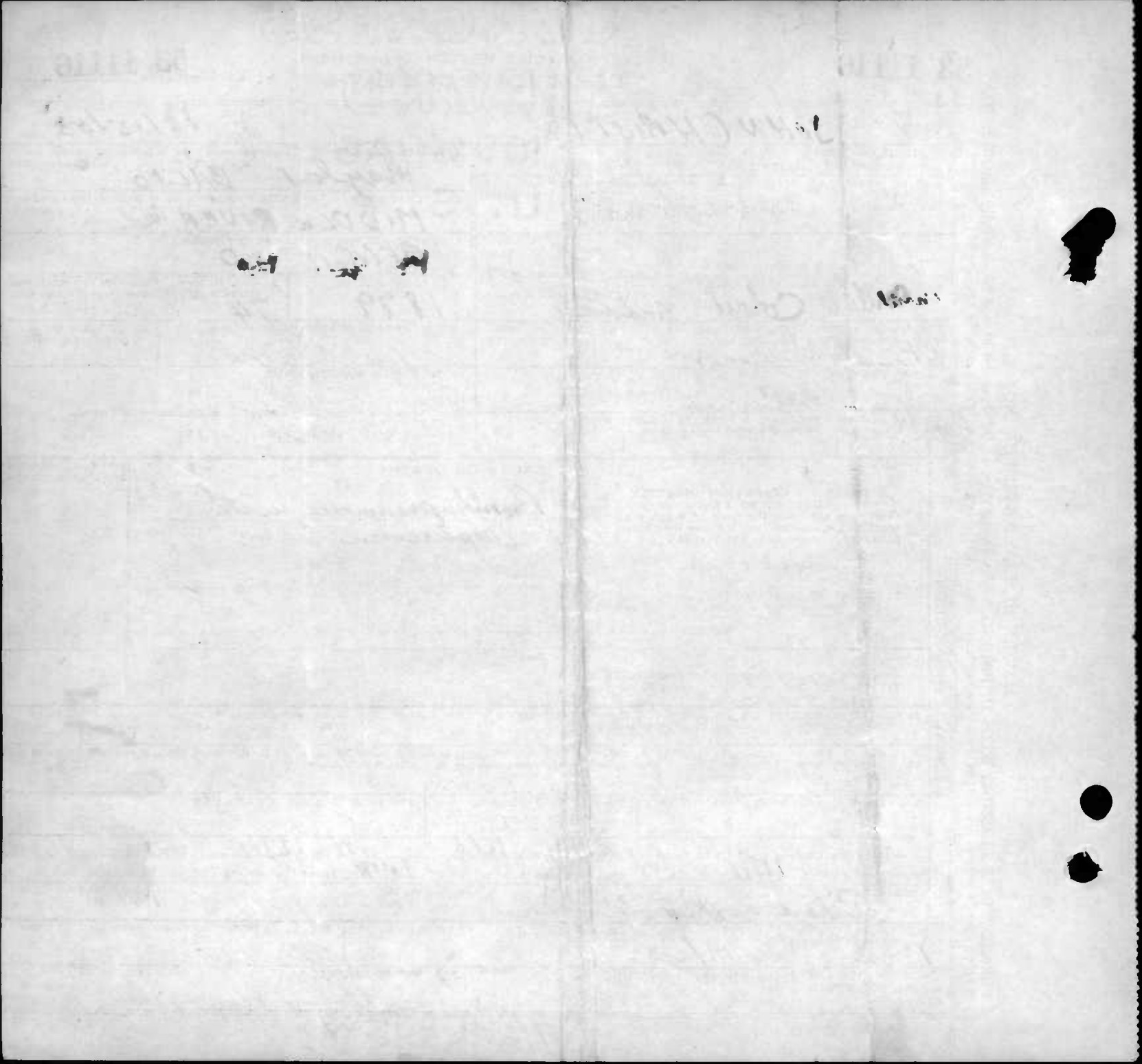
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-623
53 11116BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11116

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN CHRISTY		2. DATE OF DEATH 12/15/53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Maryland b. COUNTY BALTO			
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MIDDLE RIVER Md.			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) BENGIES RD 5354			
5. SEX male	6. COLOR OF RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 77 1899	9. AGE (In years last birthday) 74	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Janitor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Harford Co. Md.	
13. FATHER'S NAME Donal Christy		14. MOTHER'S MAIDEN NAME Fannie Christy		12. CITIZEN OF WHAT COUNTRY USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 491x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia with septicemia		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/6 , 19 53 , to 12/15 , 19 53 , that I last saw the deceased alive on 12/15 , 19 53 , and that death occurred at 10:00 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Richard C. Reynolds		23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 19/53		24c. NAME OF CEMETERY OR CREMATORY Aberdeen Md.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Mrs. B. H. A. Elliot & Daughter		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		VS 150	

77074 71297 Caroline St



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-612
53 11117BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11117

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry O. Jarvis

2. DATE
OF
DEATH

Dec. 16, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Med. Bldg. 3

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

B. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

13 altimore 17
702 Reservoir St

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2-21-'05

9. AGE (In years,
last birthday)

48

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk - Dept of Buildings - City Hall

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jedd W. Jarvis

14. MOTHER'S MAIDEN NAME

Bessie Oliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

myocardial infarction, acute

12 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Arteriosclerotic coronary artery disease?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4-1953 to 12-16-1953, that I last saw the
deceased alive on 12-16-1953 and that death occurred at 1:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE

James C. Daniel, Jr.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

12/16/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Dec 18/53

24c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24d. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Stewart & Mowen Co., 108 W. North Ave

ADDRESS

City #1.

VS 150

39093

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 11118**
0-254
53 11118
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) O'Connell, Sister Mary Joseph			2. DATE OF DEATH 12/16/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 12 years			D. STREET ADDRESS (If rural, give location) St. Mary's Villa, 701 W. Coldspring Lane		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8/26/76	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sister		10B. KIND OF BUSINESS OR INDUSTRY Religious	11. BIRTHPLACE (State or foreign country) Boston, Mass.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Daniel O'Connell			14. MOTHER'S MAIDEN NAME Johanna ? ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS St. Agnes Hospital Records		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Heart Failure			CAUSE OF DEATH (A) Heart Failure DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis, Cardio Vascular Disease			(B) Arteriosclerosis, Cardio Vascular Disease DUE TO		
(C) Arteriosclerosis, Cardio Vascular Disease					
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/29, 1953 to 12/16, 1953 , that I last saw the deceased alive on 12/16, 1953 , and that death occurred at 10:07 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE W. H. H. H. H. H.		23B. ADDRESS St. Agnes Hospital		23C. DATE SIGNED 12/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec/19/53		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Stewart & Mowen Co., 108 W. North Ave		ADDRESS City #1.	

W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-200

53 11119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11119
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARYA. ZECH

2. DATE
OF
DEATH

12/14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 24-26-14

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3236 Fata Ave

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

AUG. 28, 1891

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BALTO. MARYLAND.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOSEPH ZAPF

14. MOTHER'S MAIDEN NAME

GERTRUDE LANG

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

217-07-4592

17. INFORMANT

ADDRESS

MARGARET Y. KENEALY 3502 PLATEAU AVE

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Brain Tumor

11 weeks

ANTECEDENT CAUSES

DUE TO

(B)

(Glioblastoma Multiforme)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Post Operative

19A. DATE OF OPERATION

12/14/53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Brain tumor

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14, 1953, to 12/14, 1953, that I last saw the
deceased alive on 12/14, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. F. Palmisano

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

12/15/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12-18-53

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county)

4430 BELAIR RD. BALTO., MD.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 17 1953

REGISTRAR'S SIGNATURE

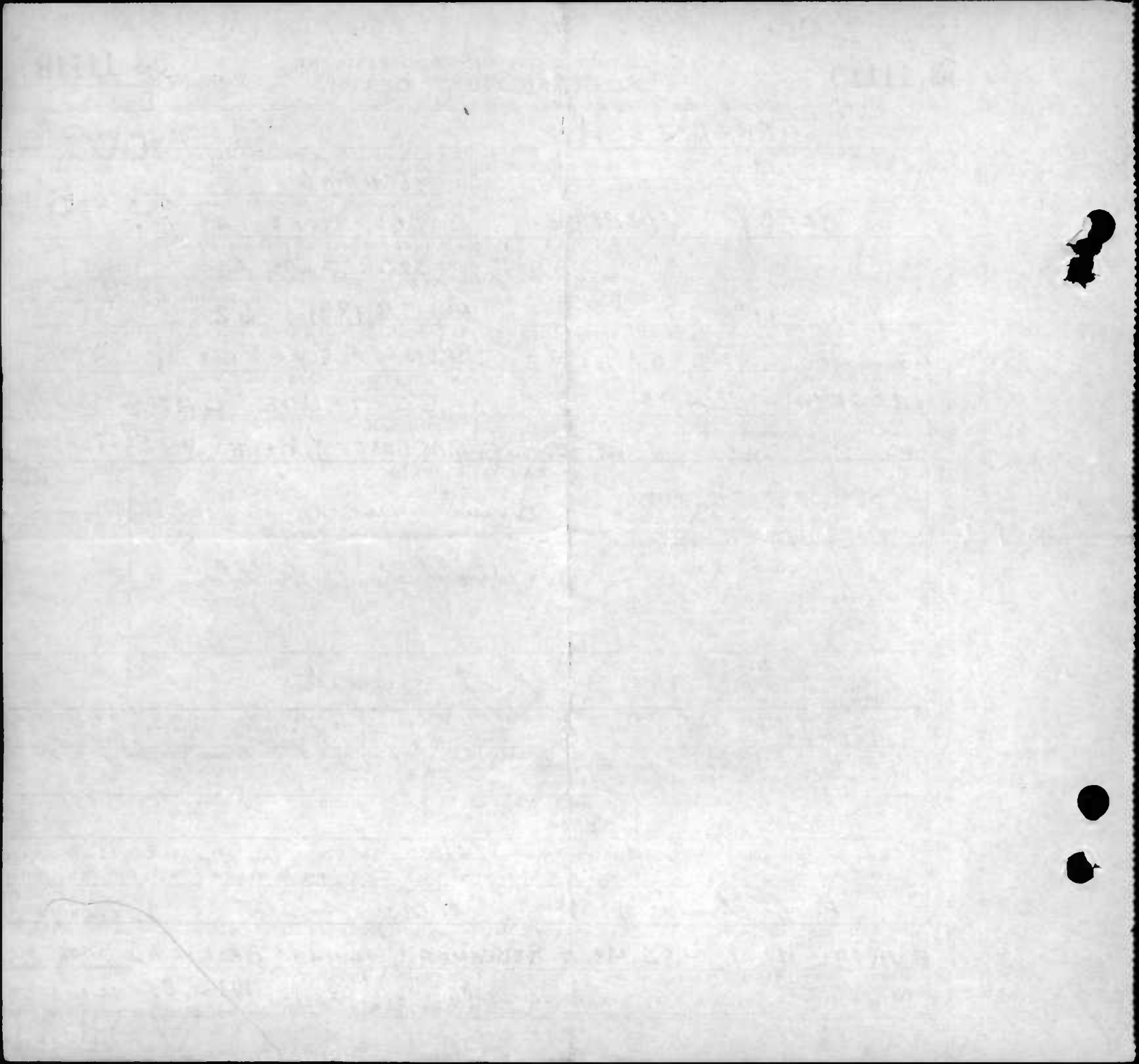
Charles S. Zeiler

25. FUNERAL DIRECTOR

ADDRESS

901 S. CONKLING ST.

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-532 FVJ 174885 53 11120 BIRTH NO.				CERTIFICATE NUMBERED 3/10/54 ES BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11120	
1. NAME OF DECEASED (Type or Print) Myron Landis				2. DATE OF DEATH 12-15-1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
5. Length of stay in Baltimore 9 yrs. Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1307 North Charles Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 5, 1896	9. AGE (in years last birthday) 57	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk				10B. KIND OF BUSINESS OR INDUSTRY Seal & Matheson Co.		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME Melvin Landis				12. CITIZEN OF WHAT COUNTRY? Pennsylvania			
14. MOTHER'S MAIDEN NAME Clara Miller							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No				16. SOCIAL SECURITY NO. 203-09-9830		17. INFORMANT ADDRESS B.C.H. 4940 Eastern Avenue (records)	
18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis DUE TO Carcinoma fight lung INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs							
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-22- , 19 53 , to 12-15- , 19 53 that I last saw the deceased alive on 12-15- , 19 53 , and that death occurred at 8:55P.m. , from the causes and on the date stated above.							
23A. SIGNATURE H. John				23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-15-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/19/53		24C. NAME OF CEMETERY OR CREMATORY St. Peters		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1953		REGISTRAR'S SIGNATURE William		25. FUNERAL DIRECTOR Mr. Cook Inc.		ADDRESS 1217 St. Paul St.	

See query reply in Document file.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11121

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11121

Registered No.

1. NAME OF DECEASED
(Type or Print)

Catherine M. Hale

2. DATE OF DEATH
December 16, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

930 Homestead Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
930 Homestead Street5. SEX
female6. COLOR OR RACE
white7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify)
widowed8. DATE OF BIRTH
Sept. 4, 18689. AGE (in years last birthday)
85If Under 1 Year Months Days
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife10B. KIND OF BUSINESS OR INDUSTRY
at home11. BIRTHPLACE (State or foreign country)
Virginia12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

John J. Woolard

14. MOTHER'S MAIDEN NAME
--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Ruth Williams, 930 Homestead Street18. 334X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) DUE TO

Bronchopneumonia

3 days

ANTECEDENT CAUSES

(B) DUE TO

General & cerebral arteriosclerosis

5 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Mar. '46, 19, to Dec. 16, 1953, that I last saw the deceased alive on Dec. 15, 1953, and that death occurred at 3 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Louis E. Wice

M. D.

23B. ADDRESS

920 St. Paul St.

23C. DATE SIGNED

Dec. 16, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial24B. DATE
12/18/53

24C. NAME OF CEMETERY OR CREMATORY

Jerusalem Baptist Church Cemetery Emmerton, Virginia

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 17 1953

1217 St. Paul Street

Wm. Cook, Inc.

1217 St. Paul Street

PSL 11 24

PSL 11 24



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11122

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James A. Blaney

2. DATE
OF
DEATH

December 15, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

32 S. Curley Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

32 S. Curley Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single8. DATE OF BIRTH
Dec. 31, 19039. AGE (In years
last birthday)
4910. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Lithographer10B. KIND OF BUSINESS OR
INDUSTRY
--11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Lorenzo Blaney

14. MOTHER'S MAIDEN NAME

Laura Ayres

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
yes W. W. 216. SOCIAL
SECURITY NO.
215-01-676517. INFORMANT ADDRESS
Thomas M. Blaney, 209 N. Curley Street18. 002X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) massive pulmonary embolism
DUE TO

ANTECEDENT CAUSES

(B) advanced Tuberculosis
DUE TODISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) bilateral

INTERVAL BETWEEN
ONSET AND DEATH

1 hr.

??

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1953, to Dec 15, 1953, that I last saw the
deceased alive on Dec 15, 1953, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Burt V. Park MD

23B. ADDRESS

2936 E Balto St

23C. DATE SIGNED

12/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

12/18/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore County, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

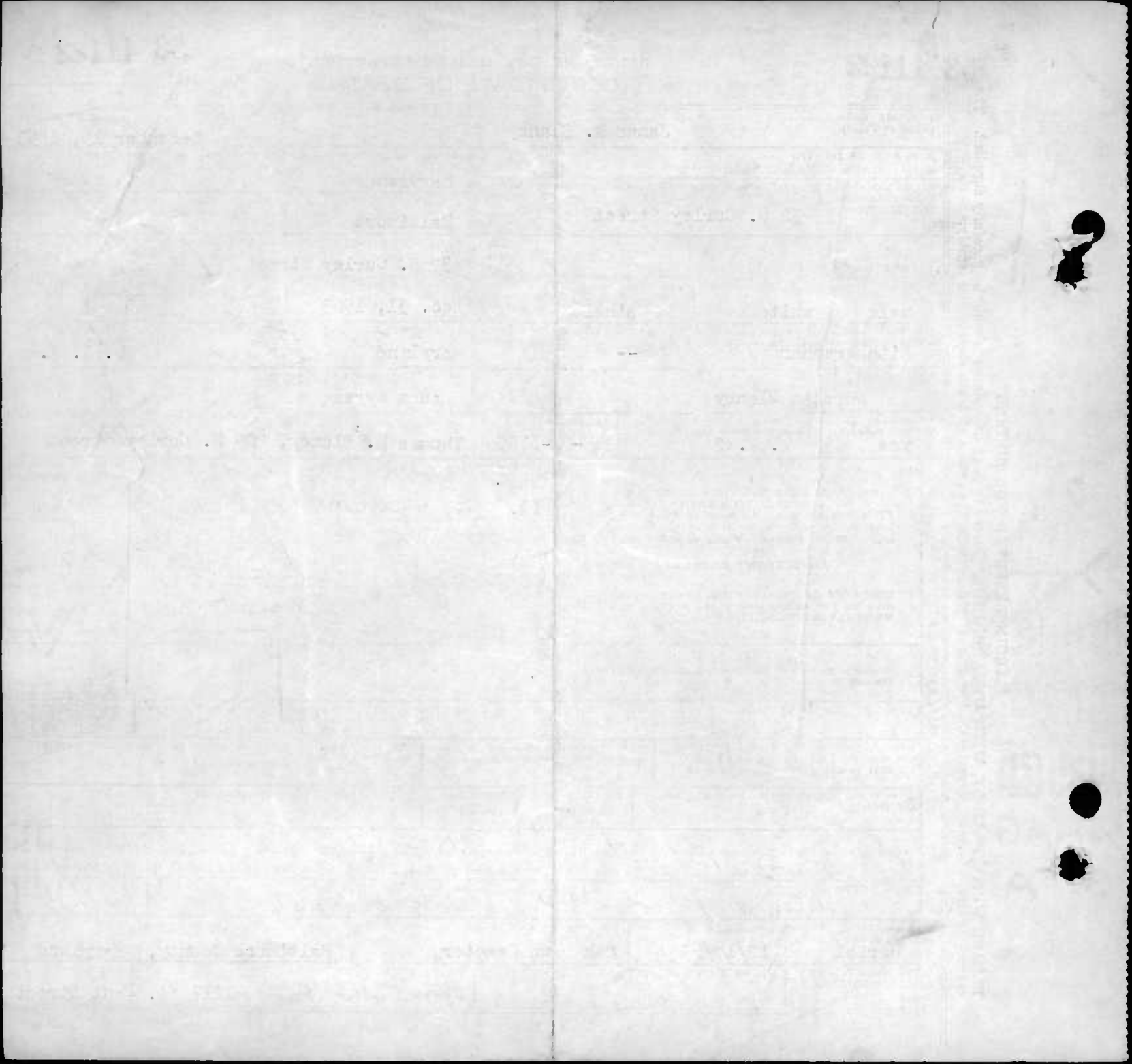
Wm. Cook Inc.,

ADDRESS

1217 St. Paul Street

DEC 17 1953
VS 150

571 4M



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M-656
53 11123

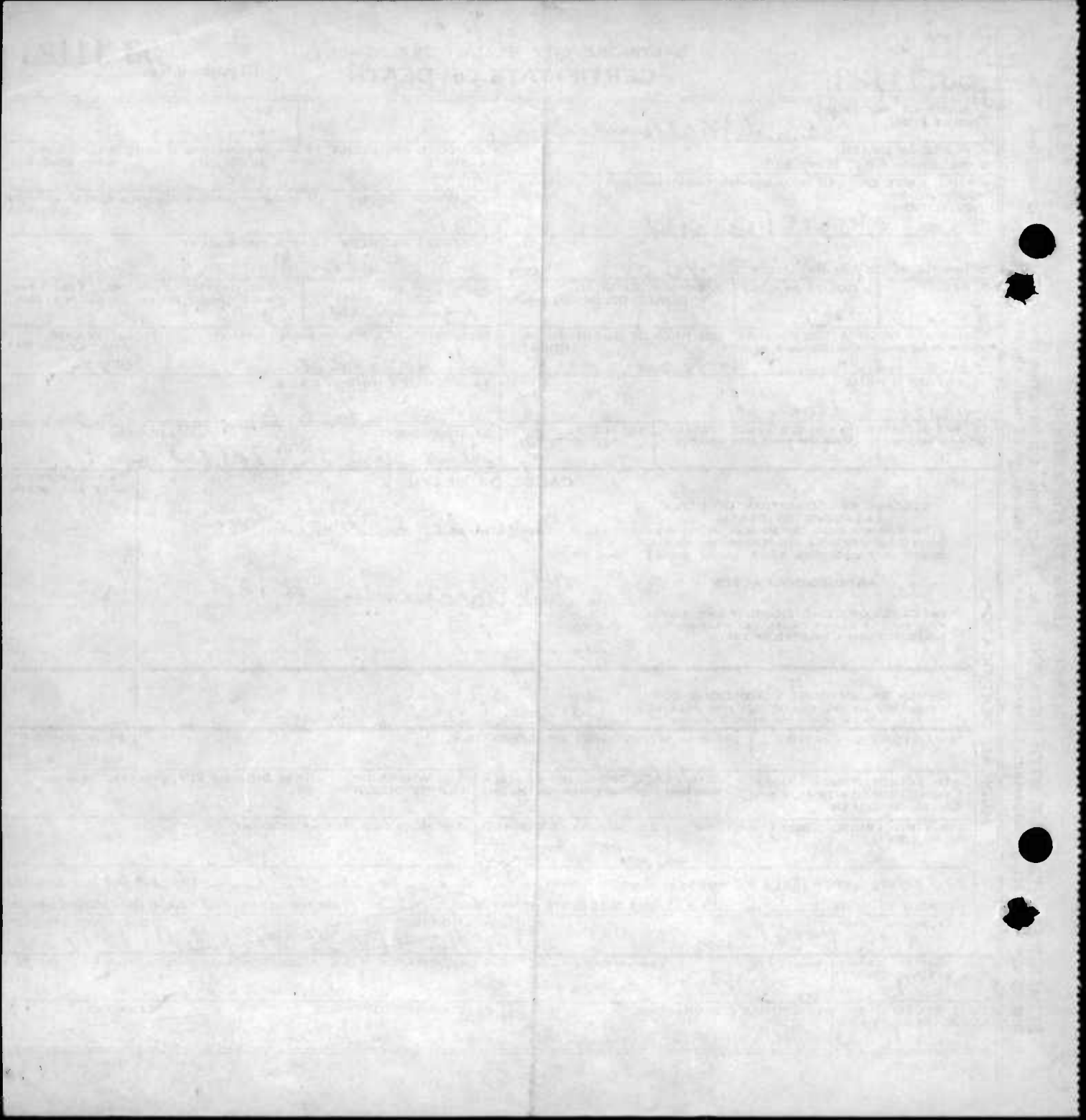
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11123

1. NAME OF DECEASED (Type or Print) <i>Clara P. Marunee</i>			2. DATE OF DEATH <i>12-17-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>BALTO</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Church Home Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO.</i>		
C. Length of stay in Baltimore <i>40</i>			D. STREET ADDRESS (If rural, give location) <i>203 OAK Ave. Pikesville, Md</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>10-21-43</i>	9. AGE (In years last birthday) <i>60 yrs</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SALES LADY</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Retail</i>	11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>James Edward</i>			14. MOTHER'S MAIDEN NAME <i>Florence Butler</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>2</i>	17. INFORMANT ADDRESS <i>Arthur Marunee 203 Oak Ave.</i>		
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i>			CAUSE OF DEATH (A) <i>Myocardial Infarction</i> DUE TO (B) <i>Arteriosclerotic H.D.</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>9 days</i> <i>15 hrs</i> <i>5 hrs</i>
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION <i>Choleliths; cholecystitis</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <input type="checkbox"/>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>12-4-53</i> , 19 <i>53</i> , to <i>12-17</i> , 19 <i>53</i> that I last saw the deceased alive on <i>12-11</i> , 19 <i>53</i> , and that death occurred at <i>1:30 pm</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Irish E. Collins</i>			23B. ADDRESS <i>Church Home Hospital</i>		23C. DATE SIGNED <i>10-17-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>DEC. 19, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>WOODLAWN CEM.</i>	24D. LOCATION (City, town, or county) (State) <i>WOODLAWN MD.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 17 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. J. Tidmore - Sons Inc. Balto Md</i>		

VS 150

4906C



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11124**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**ANNA M. BATTON**2. DATE
OF
DEATH**Dec. 14, 1953**

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTYb. FULL NAME OF
HOSPITAL OR
INSTITUTION**832 - Ashland Court**c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore City 10-02d. STREET ADDRESS (If rural, give location)
832 - Ashland Court

c. Length of stay in Baltimore

58 yearsYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

Aug. 6, 18959. AGE (In years
last birthday)**58**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Candy making**10b. KIND OF BUSINESS OR
INDUSTRY**Candy Factory**

11. BIRTH PLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

George Gootie

14. MOTHER'S MARRIAGE NAME

Julia (Gootie) Stevenson15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No****No**16. SOCIAL
SECURITY NO.**218-09-9743**

17. INFORMANT

ADDRESS

Julia Gootie, - 832 Ashland Ct.

18.

002X**I**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

TuberculosisINTERVAL BETWEEN
ONSET AND DEATH**3 yrs. -**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

IIOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

Pulmonary Edema**2 days**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 15, 1948**, to **Nov. 1, 1953**, that I last saw the
deceased alive on **Nov. 1, 1953**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE

Carl B. Wolverton

M. D.

23b. ADDRESS

120 E. North Ave

23c. DATE SIGNED

12/15/5324a. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24b. DATE

Dec. 18, 1953

24c. NAME OF CEMETERY OR CREMATORY

St. Peter's

24d. LOCATION (City, town, or county)

1600 - Moreland Ave Baltimore Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Carl B. Wolverton, FUNERAL HOME INC.**403 E. 25th, Baltimore-18, Md.**

200 14 023

UNIT 14 BATTEN

Unit 14 1820

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 11125
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Leo Becker

2. DATE
OF
DEATH

12-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Maryland

B. COUNTY
City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1620 Harford Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1620 Harford Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12-27-1889

9. AGE (In years last birthday)

65

If Under 1 Year Months Days Hours Min.

11 19

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lamp worker

10B. KIND OF BUSINESS OR INDUSTRY

Laboratory Supplies

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Becker

14. MOTHER'S MAIDEN NAME

Rosa Guthrie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

215-10-8822

17. INFORMANT

ADDRESS

Mr. George J. Becker-1620 Harford Avenue

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerosis Heart Disease

4 years

DUE TO

ANTECEDENT CAUSES

(B)

Chronic Bronchitis

7 years

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1949 to Dec 16, 1953, that I last saw the deceased alive on Dec 15, 1953, and that death occurred at 4 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Doc Smith

23B. ADDRESS

1223 E North Me

23C. DATE SIGNED

12/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-19-1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Edmondson Ave. Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

George J. Ruth, Inc.

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc.-1735 Harford Avenue

VS 150

6904R

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1952

CERTIFICATE OF DEATH

1952

Form with multiple lines for text entry, including fields for name, date, and location. The text is mostly illegible due to fading and bleed-through.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-610

53 11126

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 11126

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert Baribeau

2. DATE
OF
DEATH

12/17/53.

3. PLACE OF DEATH:

a. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (if rural, give location)

1523 S. Hanover St.

e. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11/1/1898

9. AGE (in years
last birthday)

55

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Crane Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Arundel Corp.

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Wilfred Baribeau

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Catherine Baribeau - same

18. 584X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Liver insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cholelithiasis
Cholecystitis

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-9-53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Cholelithiasis

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/24/53, 19__, to 12/17/53, 19__, that I last saw the
deceased alive on 12/17/53, 19__, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

22A. SIGNATURE

Donald Beurs Gienens

M. D.

23A. ADDRESS

1213 Light St.

23C. DATE SIGNED

12/17/53.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 21 1953

24C. NAME OF CEMETERY OR CREMATOR

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 17 1953

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Leonard J. Luck

ADDRESS

5305 Hanford

VS 150

51324



E 140
53 11127BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11127
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARY E. EPPLE		2. DATE OF DEATH 12/16/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE BALT. MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSP		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-03			
5. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 5007 CATAPHA RD #4			
6. SEX WF	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1-1-1881	9. AGE (In years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTO Co - Md	
13. FATHER'S NAME JAMES BURMINE		14. MOTHER'S MAIDEN NAME CATHERINE HAGERTY		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS MR JOHN A. EPPLE - SAME	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Infarction		CAUSE OF DEATH Hypertensive Cardio Vasc Disease		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		(B) DUE TO	
		(C) DUE TO			

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/6/53 , to 12/16/53 , that I last saw the deceased alive on 12/16/53 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE William G. Lennons		23B. ADDRESS Maryland		23C. DATE SIGNED 12/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/19/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Balt Md		24E. FUNERAL DIRECTOR Leonard J. Ruck		24F. ADDRESS 5305 Rayford	
DATE RECEIVED BY LOCAL REGISTRAR DEC 17 1953		REGISTRAR'S SIGNATURE William G. Lennons		VS 150	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

72

1/1/1881



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-620
53 11128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11128
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		Miss Catherine M. Maerz		2. DATE OF DEATH		Dec. 16, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		B. FULL NAME OF HOSPITAL OR INSTITUTION		3013 Brendan Avenue		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE		Maryland	
C. CITY OR TOWN		Baltimore		5. LENGTH OF STAY IN BALTIMORE		6. STREET ADDRESS (If rural, give location)		3013 Brendan Avenue	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
female		white		single		June 20, 1895		58	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		U.S.A.	
at home				Baltimore, Maryland					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
Martin G. Maerz		Barbara K. Schmittlin						Mr. Michael L. Maerz, 3013 Brendan	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		19. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
443x		Chronic Myocarditis		5 yrs.					
ANTECEDENT CAUSES		Atherosclerotic Cardiovascular Disease		5 yrs.					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Hypertension							
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Hemiplegia				1949	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED	
								WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		21G. I hereby certify that I attended the deceased from Dec. 10, 1948, to Dec. 16, 1953, that I last saw the deceased alive on Dec. 16, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.		21H. SIGNATURE		21I. ADDRESS		21J. DATE SIGNED	
				1331 North Ave		12-17-53			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county)		(State)	
Burial		Dec. 19, 1953		Holy Redeemer Cem		Baltimore, Maryland			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		FURNERAL DIRECTOR		ADDRESS			
DEC 17 1953		Leonard J. Ruck		Leonard J. Ruck		5305 Harford Road.			

Dr. Wolff
1331 E. North

3-6.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-624

53 11129

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11129
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CATHERINE DRISCOLL		2. DATE OF DEATH DEC. 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1101 E. FAYETTE ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 5-01	
D. Length of stay in Baltimore LIFE Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 1101 E. FAYETTE ST.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH NOV. 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSE		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC	9. AGE (In years last birthday) 72 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME DANIEL C. DRISCOLL		14. MOTHER'S MAIDEN NAME MARY E. DRISCOLL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS. J. SHANLEY		ADDRESS 1447 LOWMAN ST.	

18. **181X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Carcinoma, urinary bladder
DUE TO
INTERVAL BETWEEN ONSET AND DEATH **1 yr.**

ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4 Nov**, 19**53** to **17 Dec**, 19**53** that I last saw the deceased alive on **16 Dec**, 19**53** and that death occurred at **4:10 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE Blair B. H. H.	23B. ADDRESS M. O. 1261 E. Belvedere Ave	23C. DATE SIGNED 17 Dec 53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12-17-1953	24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL
24D. LOCATION (City, town, or county) (State) BALTO.	25. FUNERAL DIRECTOR H.W. JENKINS & SONS Co 4905 YORK RD.	

DATE RECEIVED BY LOCAL REGISTRAR **DEC 18 1953**

REGISTRAR'S SIGNATURE **Wilmington**

VS 150

7208A

DR. JOHN DEHOFF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-436

KATIE WALTERS
BALTIMORE CITY HEALTH DEPARTMENT

53 11130

CERTIFICATE OF DEATH

Registered No. 53 11130

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Katie Walter</i>		2. DATE OF DEATH <i>Dec. 11 - 53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>2206 N. Howard St</i> B. COUNTY <i>Md</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO, Md</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2206 N. Howard St</i>		D. STREET ADDRESS (If rural, give location) <i>2206 N. Howard St</i>		E. Yrs. Mos. Days	
c. Length of stay in Baltimore		5. SEX <i>F.</i> 6. COLOR OR RACE <i>COL.</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>—</i>		8. DATE OF BIRTH <i>—</i> 9. AGE (In years last birthday) <i>74</i> 10. Under 1 Year Months Days 11. Under 24 Hours	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H.W.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>HOME</i>		11. BIRTHPLACE (State or foreign country) <i>Md</i>	
13. FATHER'S NAME <i>—</i>		14. MOTHER'S MAIDEN NAME <i>—</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. <i>442x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Cardio-Renal Disease</i> DUE TO (B) <i>—</i> DUE TO (C) <i>—</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>	
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 1</i> , 19 <i>52</i> to <i>Dec 11</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Dec 10</i> , 19 <i>53</i> , and that death occurred at <i>—</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>James O. Johnson M.D.</i>		23B. ADDRESS <i>301 E. 22nd St.</i>		23C. DATE SIGNED <i>Dec 17-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Dec 18</i>		24C. NAME OF CEMETERY OR CREMATORY <i>MT. CALVERY</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 18 1953</i>		REGISTRAR'S SIGNATURE <i>—</i>		25. FUNERAL DIRECTOR ADDRESS <i>A. A. Co. Md.</i>	

VS 150

4/8 and Hub

08211 10

08211 10



R-355

53 11131

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11131

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE, RUDMAN

2. DATE
OF
DEATH

12-17-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4613 Park Hgts

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Mt Sinai Home

C. Length of stay in Baltimore

50 Yrs.
Mos.
Days

1609 No. Fulton Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (in years
last birthday)

84

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Levin Rudman - 813 No Howard

18. 422.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

(C)

Cardiovascular Disease

10 2/5

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1943, 19, to 12/17/50, 19, that I last saw the
deceased alive on 12/17/50, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

W. D. B. B. B.

23B. ADDRESS

5418 Park Hgts R

23C. DATE SIGNED

12/17/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-18-50

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Balto, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis 2100 Canton Pl

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-254

53 11132

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 11132

Registered No.

1. NAME OF DECEASED
(Type or Print)

William P. Gosnell

2. DATE OF DEATH December 16, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Park Hill Nursing Home
1802 Eutaw Place

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 13-05

60
c. Length of stay in Baltimore Life Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
3145 Crittenton Place

5. SEX Male 6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH Oct. 16, 1892 9. AGE (In years, last birthday) 61 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Shipping Clerk

10B. KIND OF BUSINESS OR INDUSTRY
Noxzema Chemical

11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME
Arthur Franklin Gosnell

14. MOTHER'S MAIDEN NAME
Alice Amanda Harding

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) World War #1 16. SOCIAL SECURITY NO. 218-03-7830

17. INFORMANT ADDRESS Place
Mrs. Mary Estelle Bortle 3145 Crittenton

18. 446X I CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
(A) Cerebral Hemorrhage	DUE TO	5 days
ANTECEDENT CAUSES		
(B) Arteriosclerosis and Nephritis	DUE TO	5 months
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from August 7, 1953 to December 16, 1953 that I last saw the deceased alive on 12-16, 1953, and that death occurred at 4.30 p.m., from the causes and on the date stated above.

23A. SIGNATURE *Arthur J. Davis* M. D. 23B. ADDRESS 800 W 33rd ST 23C. DATE SIGNED 12-17-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Dec. 19, 1953 24C. NAME OF CEMETERY OR CREMATORY Western 24D. LOCATION (City, town, or county) Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road

VS 150

342 4R Horace F. Burgee

SPILL 80

SPILL 80

03-07-30

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1-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-452		BALTIMORE CITY HEALTH DEPARTMENT		53 11133	
53 11133		CERTIFICATE OF DEATH		Registered No. 53 11133	
1. NAME OF DECEASED (Type or Print) <i>Willing, Marcelle</i>		2. DATE OF DEATH <i>12-16-53</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Sinai</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>5200</i>			
D. LENGTH OF STAY IN BALTIMORE <i>Life</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>R.F.D. 147 Montrose Rd. Beach</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE MARRIED WIDOWED DIVORCED (Specify) <i>Married</i>	B. DATE OF BIRTH <i>June 12, 1936</i>	9. AGE (In years last birthday) <i>17</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Office</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Dept. Store</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Clarence W. Stinchcomb</i>		14. MOTHER'S MAIDEN NAME <i>Victory D. Langford</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>William G. Willings Same</i>	
18. <i>587.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO <i>pancreatitis</i> ANTECEDENT CAUSES <i>unknown cause</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>7</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-3</i> 1953 to <i>12-16</i> 1953, that I last saw the deceased alive on <i>12-16</i> 1953, and that death occurred at <i>2:10</i> pm., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert W. Ireland</i> M. D.		23B. ADDRESS <i>Sinai Hospital</i>		23C. DATE SIGNED <i>12-16-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/19/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>	
24D. LOCATION (City, town, or county) (State) <i>A.A. Co., Md.</i>		25. FUNERAL DIRECTOR <i>John F. Denny, Inc.</i>		ADDRESS <i>715 Light St.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11134

53 11134
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELIZABETH SHEPPARD Nicholas			2. DATE OF DEATH December 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. Length of stay in Baltimore Yrs. Mos. Days			E. STREET ADDRESS (If rural, give location) 1132 Shields Place		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH Sept. 27-1915		9. AGE (in years last birthday) 38
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chestertown Md.
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME Levi Redding		
14. MOTHER'S MAIDEN NAME Elizabeth Johnson			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) --		
16. SOCIAL SECURITY NO. --			17. INFORMANT ADDRESS Stanley Nicholas-1132 Shields-Place		

18. 330X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MASSIVE SUBARACHNOID HEMORRHAGE DUE TO RUPTURE OF CONGENITAL ANEURYSM OF CIRCLE OF WILLIS		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. J. Fisher</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D.		23C. DATE SIGNED Dec. 17, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 12-20-53		24C. NAME OF CEMETERY OR CREMATORY West Liberty	
24D. LOCATION (City, town, or county) (State) Howard County Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1953		24F. REGISTRAR'S SIGNATURE <i>W. H. Taylor</i>	
24G. FUNERAL DIRECTOR Samuel W. Sullivan Jr.		24H. ADDRESS 1011 N. Arlington Ave.		24I. V.S. 151 js	

RECEIVED
FEB 10 1964
U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.

U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53-11135**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DANIEL

NORRIS

2. DATE
OF
DEATH

Dec. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Washington

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Kress Farm Dairy

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Keedysville

D. STREET ADDRESS (If rural, give location)

7100

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Dec. 20, 1880

9. AGE (In years last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Handy-man

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Rehobersville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Carnahan Funeral Home - Keedysville, Md

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jakimish M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

Dec. 18, 1953

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

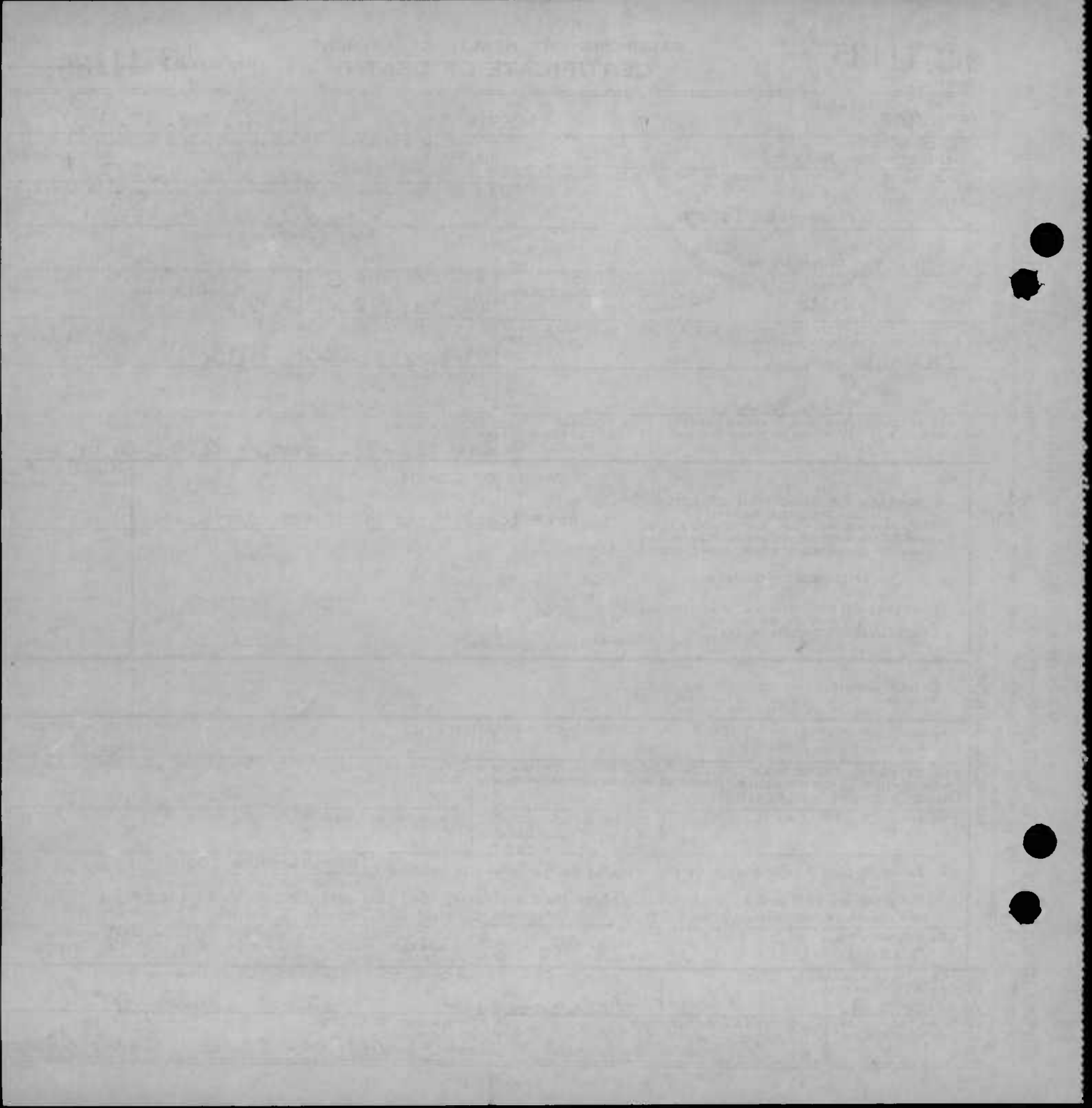
ADDRESS

DEC 18 1953

Wm. J. Traubner & Sons

BALTO, MD

BALTO, MD



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-242
53 11136

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11136
Registered No.

1. NAME OF DECEASED (Type or Print) Willie Mae Nicholson			2. DATE OF DEATH Dec. 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1380 N. Calhoun St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
D. LENGTH OF STAY IN BALTIMORE ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1380 N. Calhoun St. Balto. Md.		
5. SEX F	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12/24/1900	9. AGE (In years last birthday) 53	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) N. C.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS James Nickolson 1380 N. Calhoun St.		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertensive Heart DUE TO 1 year INTERVAL BETWEEN ONSET AND DEATH 3 days					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-15-1953 to 12-17-1953 that I last saw the deceased alive on 12-16-1953 and that death occurred at 12:45 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE George C. Page			23B. ADDRESS 1816 N. Mount St.		23C. DATE SIGNED 12-18-53
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 12/19/53		24C. NAME OF CEMETERY OR CREMATORY Elizabeth City	
24D. LOCATION (City, town, or county) (State) Burial		24E. LOCATION (City, town, or county) (State) Elizabeth City, N. C.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Geo. G. Kelson 1303 Presstman St.	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address of location)
HOSPITAL OR INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE (MARRIED)
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Dec. 16, 1953 to Dec. 17, 1953 that I last saw the
deceased alive on Dec. 16, 1953 and that death occurred at 2:20 p.m. from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE


25. FUNERAL DIRECTOR

ADDRESS

[illegible]

100

20



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11138

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11138

1. NAME OF DECEASED (Type or Print) BERTHA COLLINS		2. DATE OF DEATH 12/17/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 9-08	
B. FULL NAME OF HOSPITAL OR INSTITUTION Senai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.	
D. STREET ADDRESS (If rural, give location) 2139 Homewood Ave.		E. LENGTH OF STAY IN BALTIMORE Yrs. 42 Mos. 1 Days 1	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH about 1900
9. AGE (In years last birthday) 60		10. UNDER 1 Year Months 1 Days 1	11. UNDER 24 Hours Hours 1 Min. 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Dorchester Co Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Foster Jones		14. MOTHER'S MAIDEN NAME Louisa Johnson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT James Russell Johnson		ADDRESS 706 N. Gay St. Balto.	
18. 592X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO Chronic glomerulonephritis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Rheumatoid Arthritis			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/15 , 19 53 , to 12/17 , 19 53 that I last saw the deceased alive on 12/17 , 19 53 , and that death occurred at 12:30 m., from the causes and on the date stated above.			
23A. SIGNATURE William Korman M. D.		23B. ADDRESS Senai Hospital	
23C. DATE SIGNED 12/17/53		24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	
24B. DATE 12/19-53		24C. NAME OF CEMETERY OR CREMATORY Rhodesdale Cemetery	
24D. LOCATION (City, town, or county) (State) Rhodesdale Md.		25. FUNERAL DIRECTOR 27 Franklin St. Federalburg Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1953		REGISTRAR'S SIGNATURE Wilmington Williams	

WILLIAM A. - 7-7800

60-7

7-7750

7-7750

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11139
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Charles W. Coomes</i>		2. DATE OF DEATH <i>Thurs. Dec. 12, 1953</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Md.</i> b. COUNTY		c. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) <i>Baltimore</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>1147 Monroe Circle</i>		d. STREET ADDRESS (If rural, give location) <i>1147 Monroe Circle</i>		c. Length of stay in Baltimore <i>About 30 yrs</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Apr. 6, 1884</i>	9. AGE (in years last birthday) <i>69</i>	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Truckee</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Trucking Business</i>		11. BIRTHPLACE (State or foreign country) <i>Dorchester, Mass.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Charles W. Coomes</i>		14. MOTHER'S MAIDEN NAME <i>Amelia Wright</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>		17. INFORMANT <i>Wm. E. Evans</i> ADDRESS <i>3610 Great Bay Ave Balto 25 Md</i>	
18. <i>443x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Cerebral Hemorrhage</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Hypertension Cardiovascular Disease</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <i>0</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>12/11</i> , 1953, to <i>12/17</i> , 1953, that I last saw the deceased alive on <i>12/17</i> , 1953, and that death occurred at <i>6:00 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Samuel Rubin</i>		23b. ADDRESS <i>203 Catalano Ave</i>		23c. DATE SIGNED <i>12/18/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec. 21, 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Glen Haven Cem.</i>	
24d. LOCATION (City, town, or county) (State) <i>Glen Burnie, Md.</i>		24e. DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 18 1953</i>		25. FUNERAL DIRECTOR <i>G. Howard Evans</i> ADDRESS	

97052 / 4005 Charles St Balto 30 Md

1911 & 12

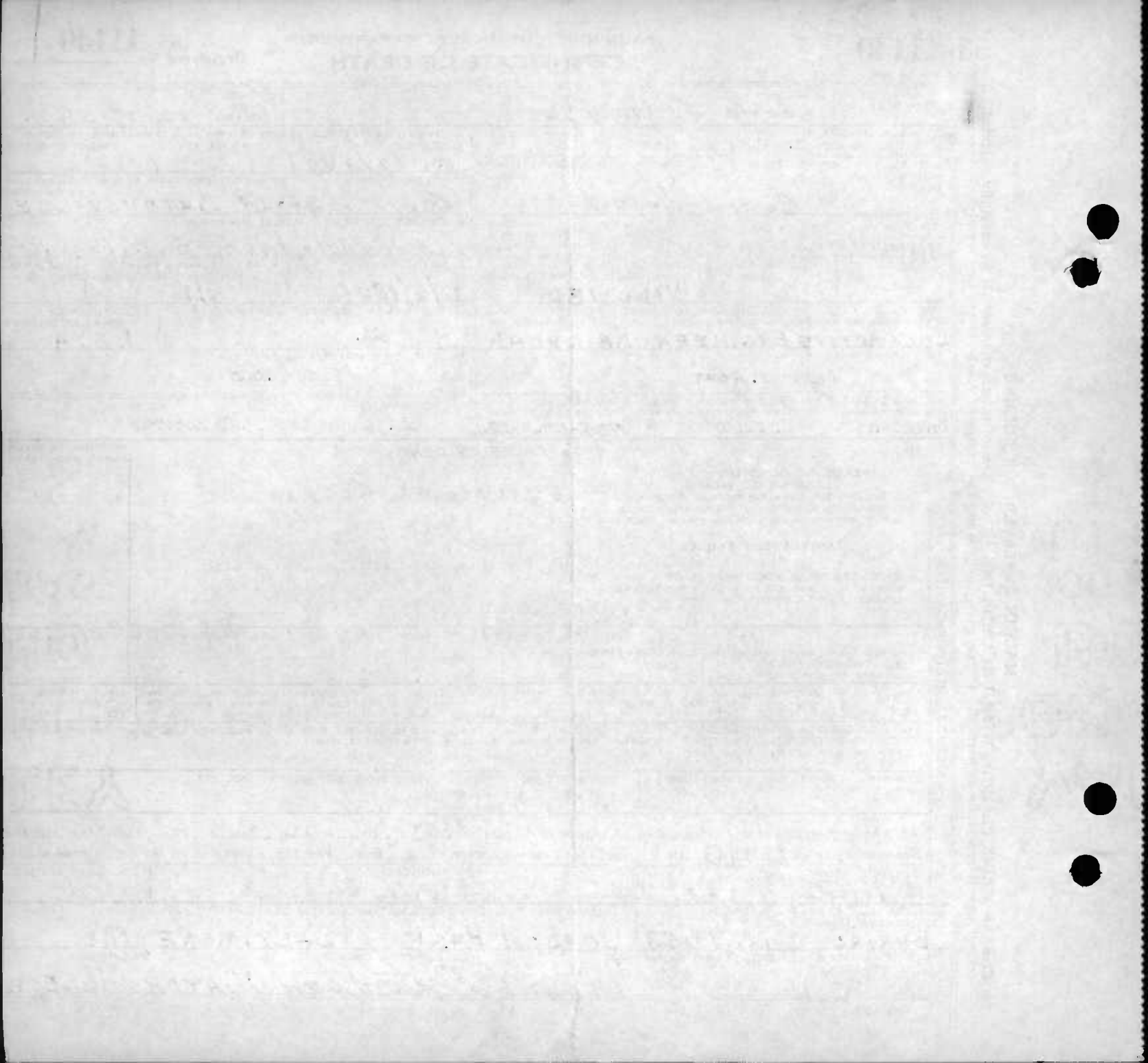
1911 & 12



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11140		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11140 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Leonard G. Rout</i>			2. DATE OF DEATH <i>12-17-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore-28 CATONSVILLE</i>		
D. STREET ADDRESS (If rural, give location) <i>MANORVALE FARM S. Rolling Rd.</i>					
40 c. Length of stay in Baltimore			Yrs. Mos. Days		
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>12/6/1876</i>	9. AGE (In years last birthday) <i>77</i>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LOCOMOTIVE ENGINEER RAILROAD</i>			11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13. FATHER'S NAME <i>James P. ROUT</i>			14. MOTHER'S MAIDEN NAME <i>Jane Bloom</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Unknown</i>		16. SOCIAL SECURITY NO. <i>705-07-9484</i>	17. INFORMANT ADDRESS <i>St. Agnes Hospital Records</i>		
18. <i>154X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma Rectum</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>10/15/53</i> <i>12/17/53</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) <i>Phlebitis - left leg & live infarct & Pulmonary</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>11/10/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Carcinoma bowel</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/15/53</i> , 19__, to <i>12/17/53</i> , 19__, that I last saw the deceased alive on <i>12/17/53</i> , 19__, and that death occurred at <i>2:30</i> A. M., from the causes and on the date stated above.					
23A. SIGNATURE <i>B. Martin Middleton</i>		23B. ADDRESS <i>St. Agnes Hospital</i>		23C. DATE SIGNED <i>12/17/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>12/19/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>LOUDON PARK</i>	
24D. LOCATION (City, town, or county) <i>BALTIMORE, MD.</i>		24E. LOCATION (State) <i>Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 18 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Easton Lane CATONSVILLE, Md.</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-565
53 11141

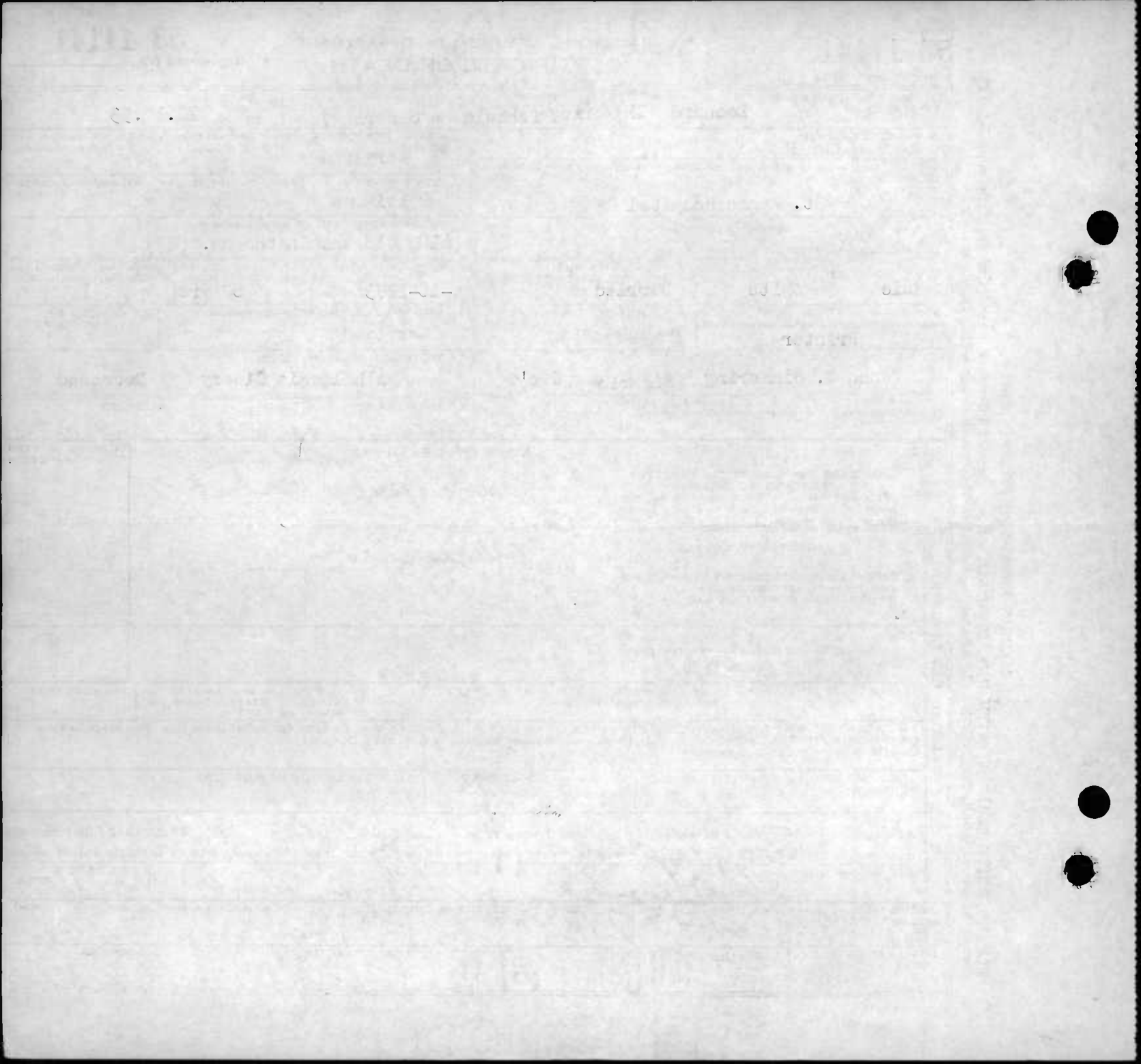
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11141
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Leonard Simmering (should be Simering)		2. DATE OF DEATH 12.17.53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 6108 Old Washington Rd. (27)			
5. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-16-1893
9. AGE (In years last birthday) 60 yrs		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10B. KIND OF BUSINESS OR INDUSTRY News & Post	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John D. Simmering (Simering) Dec'd		14. MOTHER'S MAIDEN NAME Wilhelmenia Cleary Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 210-10-8742	
17. INFORMANT AMELIA SIMERING 6108 OLD WASHINGTON BLVD		ADDRESS	
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Thrombotic Cerebro-Vascular Accident (A) DUE TO Arteriosclerosis (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 17 , 19 53 , to Dec 17 , 19 53 , that I last saw the deceased alive on Dec 17 , 19 53 and that death occurred at 6:35 m., from the causes and on the date stated above.			
23A. SIGNATURE John D. Dumer		23B. ADDRESS St Agnes Hosp	
23C. DATE SIGNED Dec 17, '53			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/21/53	
24C. NAME OF CEMETERY OR CREMATORY LOUDEN PARK		24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1953		REGISTRAR'S SIGNATURE Joseph J. Ambrose	
25. FUNERAL DIRECTOR Joseph J. Ambrose		ADDRESS 1328 Sulphur Sp R	

VS 150
51247



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11142

53 11142

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK VRABLIC

2. DATE
OF DEATH

DEC. 15, 1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3415 HUDSON ST.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3415 HUDSON ST.

c. Length of stay in Baltimore

ABOUT 46 Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

APR. 20, 1887

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

AM. SMELT & REF.

11. BIRTHPLACE (State or foreign country)

CZECHOSLOVAKIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FRANK VRABLIC

14. MOTHER'S MAIDEN NAME

MARY ORGON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

212-10-1935

17. INFORMANT

ADDRESS

FRANCES VRABLIC

SAME

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma - left lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Generalized Carcinomatosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8-53, to 12-15, 1953, that I last saw the deceased alive on 12-15, 1953, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. A. Flanagan Jr.

M. D.

23B. ADDRESS

3501 Fair Ave

23C. DATE SIGNED

12-17-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-19-53

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county)

4430 BELAIR RD. BA. MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Charles S. Giller

901 S. CONKLING ST.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-435

53 11143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11143

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lula Gladden

2. DATE
OF
DEATH

DEC 16 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

804 Rutland Ave

c. Length of stay in Baltimore

10 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar-16-1899

9. AGE (In years
last birthday)

6-4

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Chester S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Dye

14. MOTHER'S MAIDEN NAME

Emmitta Douglas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH

12 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on 12-16-1953, and that death occurred at 3⁰⁰ A. m., from the causes and on the date stated above.

23A. SIGNATURE

W. S. Mattern

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-16-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/20/1953

24C. NAME OF CEMETERY OR CREMATORY

Rossville Cem.

24D. LOCATION (City, town, or county)

Richburg S.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 18 1953

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Elmer P. Wilson 1000 Bently

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-550
FVJ 174250
53 11144
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11144
Registered No.

1. NAME OF DECEASED (Type or Print) Catherine Beatrice Bowman			2. DATE OF DEATH 12-15-1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Balto. City</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY <i>7-04</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			c. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore		
5. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 1004 North Dallas Street Zone 5		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 3, 1947	9. AGE (In years last birthday) 6	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME Robert Raymond Bowman		
14. MOTHER'S MAIDEN NAME Marjorie Saunders			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS B.C.H. 4940 Eastern Avenue (records)		
18. 195X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Adrenal Carcinomia rt. Adrenal Gland DUE TO INTERVAL BETWEEN ONSET AND DEATH 1 yr.			CAUSE OF DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Intracerebral hemorrhage, secondary to metastasis 1 wk.					
19a. DATE OF OPERATION 10-13-1953		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED Exploratory Laparotomy		19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. HOW DID INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 9 - 4, 1953, to 12-15-, 1953, that I last saw the deceased alive on 12-15-, 1953, and that death occurred at 9:30A., from the causes and on the date stated above.					
23a. SIGNATURE <i>H. C. John Doe</i>		23b. ADDRESS 4940 Eastern Avenue		23c. DATE SIGNED 12-15-1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE 12-19-53		24c. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem</i>	
24d. LOCATION (City, town, or county) (State) <i>Brooklyn Ind</i>		25. FUNERAL DIRECTOR <i>George O. Wilson</i>			
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1953		REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11145

BIRTH NO. 53 11145		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11145	
1. NAME OF DECEASED (Type or Print) Charles LeRoy Deets,			2. DATE OF DEATH Dec. 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,		
E. Length of stay in Baltimore 60 years			D. STREET ADDRESS (If rural, give location) 5911 Pimlico Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 19, 1884		9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lab. Tech.		10B. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (State or foreign country) York, Penna.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Henry Deets			14. MOTHER'S MAIDEN NAME Sarah Yost		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mrs. Theresa Deets, 5911 Pimlico Road.		
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) Arteriosclerotic CVD DUE TO (C) Chronic Myocarditis INTERVAL BETWEEN ONSET AND DEATH Sudden 2					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-26, 1951, to 12-17, 1953, that I last saw the deceased alive on 12-2, 1953, and that death occurred at 9:25 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Lawrence J. Lehmann, M.D.		23B. ADDRESS 3711 Falls Road.		23C. DATE SIGNED 12-18-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Dec. 21, 1953		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	
24D. LOCATION (City, town, or county) (State) Pikesville, Balto. Co. Md.		25. FUNERAL DIRECTOR Huntington Williams, 4611 Park Heights A.		25. FUNERAL DIRECTOR ADDRESS 4611 Park Heights A.	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11146

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT B. ANGELL

2. DATE
OF
DEATH Dec. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland B. COUNTY Carroll

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

New Windsor

D. STREET ADDRESS (If rural, give location)

Box 195

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4/17/1907

9. AGE (In years
last birthday)

46

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Truck Driver

10B. KIND OF BUSINESS OR
INDUSTRY

Dairy

11. BIRTH PLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Jose Angel

14. MOTHER'S MAIDEN NAME

Eddie Bowers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

216-07-6273

17. INFORMANT

Margaret Angell, New Windsor

ADDRESS

18. 022X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hemopericardium

DUE TO Rupture of aortic aneurysm

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Joseph A. Jachimczyk, M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

12/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/21/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem. Taneytown, Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

D. D. Hartley & Sons

VS 151

68341 New Windsor, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

36111 52

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY



MARGIN RESERVED FOR BINDING

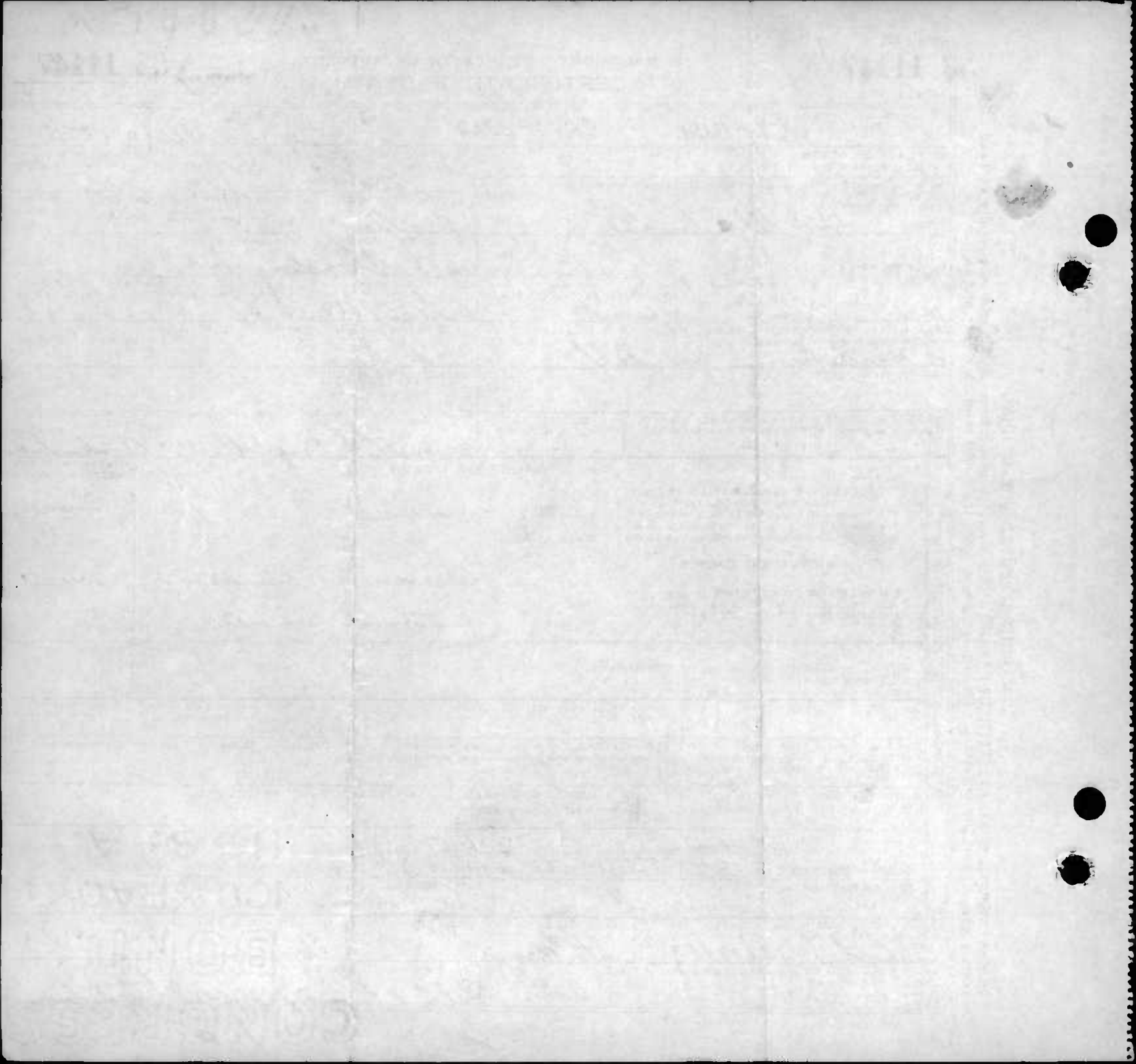
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

c-514
53 11147

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11147

BIRTH NO.		1. NAME OF DECEASED (Type or Print) DANIEL P. CAMPBELL		2. DATE OF DEATH Dec 16, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1247 Shyndon Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balta.			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1247 Shyndon Ave.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 10, 1869	9. AGE (In years last birthday) 84	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Huckster		10B. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) D. C.	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS Margaret P. Campbell 1247 Shyndon Ave.	
18. 446X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO ANTECEDENT CAUSES Nephritis chronic DUE TO arteriosclerosis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-17 , 19 53 , to 12-16 , 19 53 , that I last saw the deceased alive on 12-16 , 19 53 , and that death occurred at 9 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Julius P. Unruh, Jr.		23B. ADDRESS 1227 Wark Blvd		23C. DATE SIGNED 12-16-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/19/53		24C. NAME OF CEMETERY OR CREMATORY St. Mary's	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR Huntington Williams, Jr.		ADDRESS 3615-17 Chestnut Ave.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11148**BIRTH NO. **53 11148**

1. NAME OF DECEASED (Type or Print) Mr. George Yiavasias			2. DATE OF DEATH 12/17/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write BURIAL and give township) Baltimore		
C. Length of stay in Baltimore 15 years			D. STREET ADDRESS (If rural, give location) 4004 Frederick Avenue - 29-		
5. SEX m	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8/15/1898	9. AGE (In years last birthday) 55	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) not known		10B. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Turkey		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME not known			14. MOTHER'S MAIDEN NAME not known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS John Mitsos 2800 Edgewood Cre		

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRONCHOGENIC CARCINOMA	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/8-53 , 19 53 to 12/17 , 19 53 , that I last saw the deceased alive on 12/17 , 19 53 , and that death occurred at 2:00 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE William M. Smith Jr.		23B. ADDRESS Bon Secours Hospital		23C. DATE SIGNED 12-17-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-19-53	24C. NAME OF CEMETERY OR CREMATORY Greek Cemetery	24D. LOCATION (City, town, or county) (State) Balto. Md		
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1953		REGISTRAR'S SIGNATURE William M. Smith Jr.		25. FUNERAL DIRECTOR ADDRESS LAMBROS INC. 440 E. North Ave.	

CERTIFICATE OF DEATH

REGISTERED FOR THE DEPARTMENT OF HEALTH

1914

1914

Name of Deceased		Age		Sex		Race		Date of Death		Place of Death		Cause of Death		Signature of Physician		Signature of Registrar	
John Doe		45		Male		White		Jan 15, 1914		New York City		Heart Disease		J. Smith		A. Jones	
Occupation		Residence		Marital Status		Previous Illnesses		Time of Death		Manner of Death		Burial Place		Burial Date		Burial Name	
Teacher		123 Main St.		Married		None		10:00 AM		Natural		Cemetery		Jan 16, 1914		John Doe	
Signature of Informant		Relationship		Signature of Informant		Relationship		Signature of Informant		Relationship		Signature of Informant		Relationship		Signature of Informant	
J. Doe		Son		J. Doe		Daughter		J. Doe		Wife		J. Doe		Mother		J. Doe	
Signature of Informant		Relationship		Signature of Informant		Relationship		Signature of Informant		Relationship		Signature of Informant		Relationship		Signature of Informant	
J. Doe		Son		J. Doe		Daughter		J. Doe		Wife		J. Doe		Mother		J. Doe	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 460 53 11149 53-20137		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11149 Registered No.	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
ELIZABETH FOWLER			December 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			A. STATE Maryland		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 321 N. Eutaw Street					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH August 24, 1953	9. AGE (In years last birthday) 3	10. Under 1 Year Months: Days 22
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? --
13. FATHER'S NAME Frank L. Fowler, Sr.			14. MOTHER'S MAIDEN NAME Rosie L. Williams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) --		16. SOCIAL SECURITY NO. --	17. INFORMANT ADDRESS Mrs. Roy Insley, 1822 W. Lombard Street		
18. 391.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DOXES			CAUSE OF DEATH (A) Bilateral suppurative otitis media		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Marked malnutrition		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C)		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 17, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/19/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) Baltimore,		24E. STATE Maryland			
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1953		REGISTRAR'S SIGNATURE H. Williams		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul St.	

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8-561
53 11150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11150
Registered No.

BIRTH NO. 13-13356

1. NAME OF DECEASED (Type or Print) THERESA MAY SOMMERFIELD			2. DATE OF DEATH December 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore 33 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 209 Dallas Court		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 15, 1953		9. AGE (In years last birthday) 6 Months: 2 Days: 2 Hours: 2 Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME --			14. MOTHER'S MAIDEN NAME Felicie C. Black		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) --		16. SOCIAL SECURITY NO. --	17. INFORMANT ADDRESS Felicie C. Sommerfield, 209 Dallas Court		

18. 391.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bilateral suppurative otitis media DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 12/19/53	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>R. Fisher</i>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Dec. 17, 1953
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 12/19/53	24C. NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery	24D. LOCATION (City, town, or county) (State) Towson, Maryland
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1953	REGISTRAR'S SIGNATURE <i>Montgomery Williams</i>	25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street	

VS 151 js

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

RESEARCH REPORT

NO. 1000

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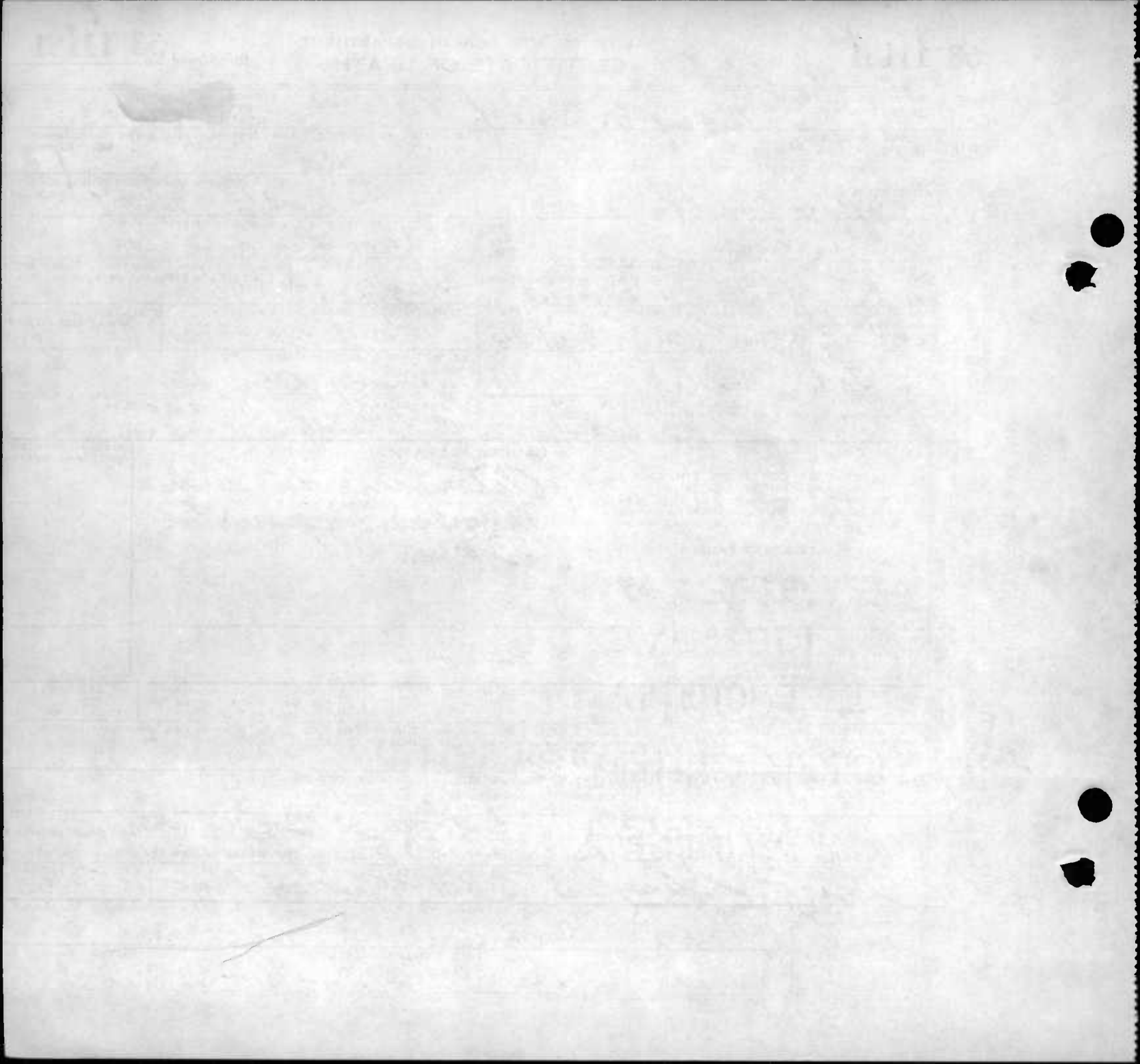
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

53-11151		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11151	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Mary G. Smith</i>			2. DATE OF DEATH <i>12/16/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2400 Linden Ave</i>			C. CITY OR TOWN (If outside corporate limits, write R.U.H.A. and give township) <i>Balto. 13-01</i>		
C. Length of stay in Baltimore <i>80</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2400 Linden Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3/29/1873</i>	9. AGE (In years last birthday) <i>80</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clark in Store</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Grange Dept. Store</i>		
11. BIRTHPLACE (State or foreign country) <i>N. Y.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>John Parker</i>			14. MOTHER'S MAIDEN NAME <i>Lucy Obrider</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>218-22-6193</i>		
17. INFORMANT <i>Wm P. Laidlaw</i>			24. ADDRESS <i>2400 Linden Ave</i>		
18. <i>422.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Atherosclerotic Cardio-vascular Degenerative Disease</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO (A) (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 20, 1953</i> to <i>Dec. 16, 1953</i> , that I last saw the deceased alive on <i>Dec. 16, 1953</i> , and that death occurred at <i>9 p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John F. Schaefer</i> M. D.			23B. ADDRESS <i>401 Random Road</i>		23C. DATE SIGNED <i>12-18-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/19/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 18 1953</i>		REGISTRAR'S SIGNATURE <i>Montgomery Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm Cok Inc. 1217 St. Paul St.</i>	



MARGIN RESERVED FOR BINDING

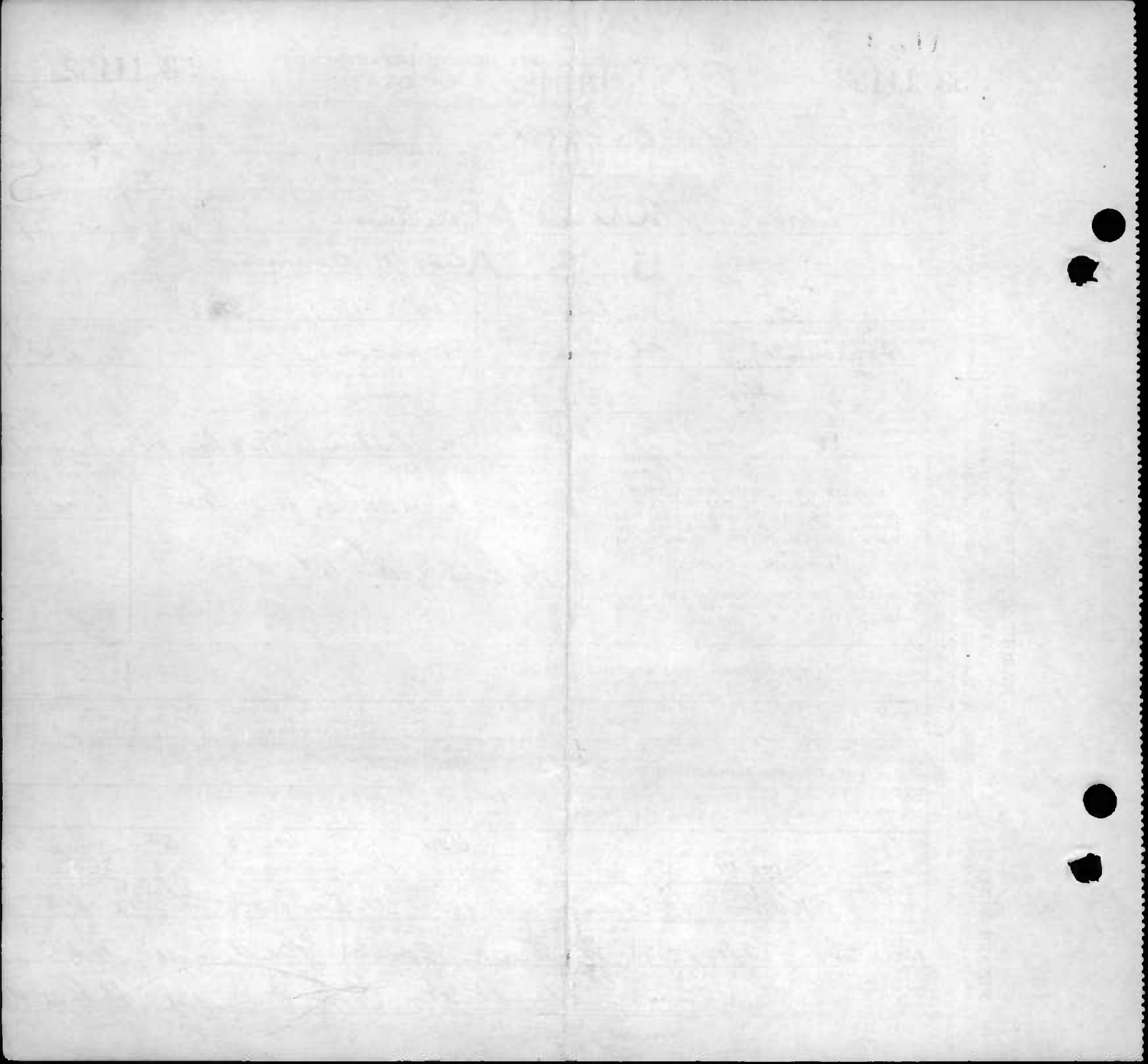
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-520
53 11152
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11152

1. NAME OF DECEASED (Type or Print) <i>Ellen M. Vance</i>			2. DATE OF DEATH <i>Dec 16 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lincoln Memorial</i>			C. CITY OR TOWN (If outside corporate limits, write full name, and give township) <i>Baltimore</i>		
5. Length of stay in Baltimore Yrs. <i>60</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>621 N. Danmion</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug. 1871</i>	9. AGE (in years last birthday) <i>82</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>			13. FATHER'S NAME <i>—</i>		
14. MOTHER'S MAIDEN NAME <i>—</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>—</i>		
16. SOCIAL SECURITY NO. <i>—</i>			17. INFORMANT ADDRESS <i>Mrs. Catherine Noakes, 3116 Summit Ave.</i>		
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Cerebrovascular accident</i> DUE TO (B) <i>Arteriosclerotic h. t. dis.</i> DUE TO (C) <i>6 mo?</i>		
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov</i> , 19 <i>53</i> , to <i>Dec 16</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Dec 14</i> , 19 <i>53</i> , and that death occurred at <i>4 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Ru R. Bleier</i>			23B. ADDRESS <i>1801 W. Baltimore St</i>		23C. DATE SIGNED <i>12-16-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/19/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Western Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 18 1953</i>		REGISTRAR'S SIGNATURE <i>Wm. Cook, Inc.</i>		25. FUNERAL DIRECTOR ADDRESS <i>1217 St Paul St</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-550
53 11153

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11153

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carl G. Lehmann

2. DATE
OF
DEATH

12/17/53 130

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

251 Ballou Court

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 3-01

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

251 Ballou Court

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/6/1885

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Frederick Lehman

14. MOTHER'S MAIDEN NAME

Johanna (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Anna Lehmann 251 Ballou Ct.

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Adams' disease of stomach
DUE TO metastasis to liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December, 1952, to 12/17, 1953, that I last saw the deceased alive on 12/17, 1953, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Gordon M.D.

23B. ADDRESS

3400 S. Balto Y

23C. DATE SIGNED

12/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/19/53

24C. NAME OF CEMETERY OR CREMATORY

St. Matthews

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

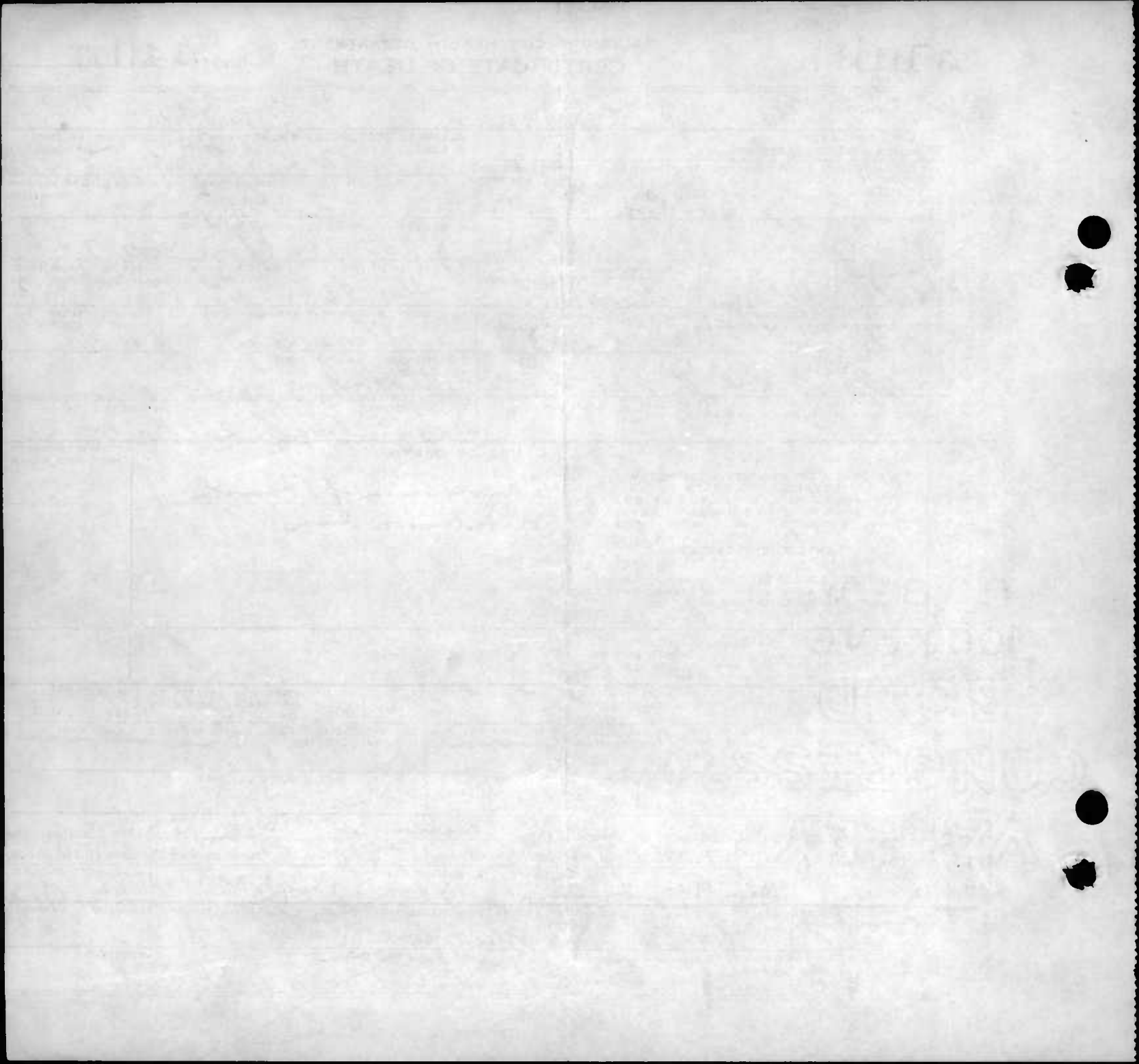
12/18/53

William H. Williams, M.D.

1100 Cook Ave. 1217 St. Paul St.

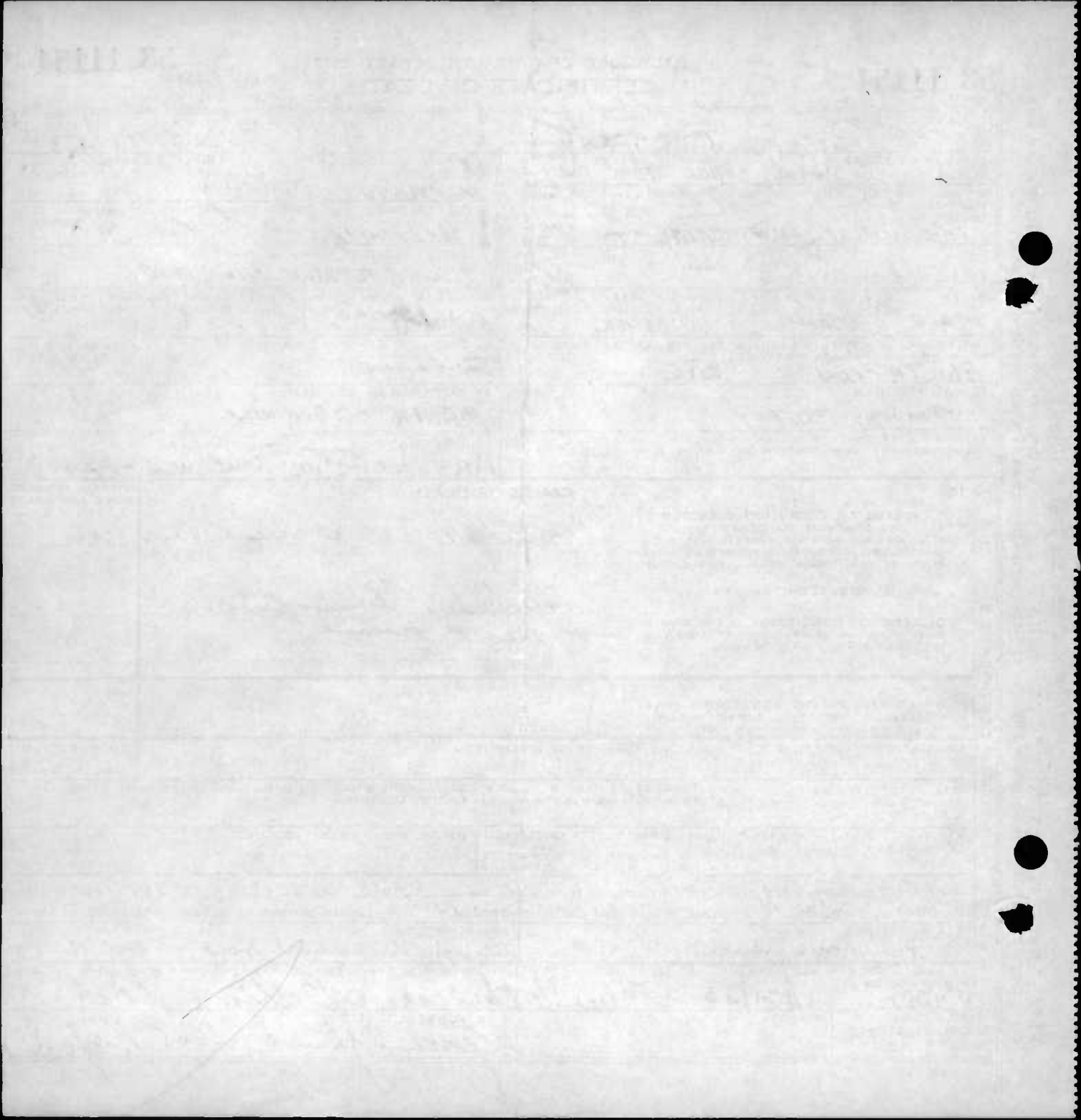
VS 150

56424



C-100
53 11154BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11154
Registered No.

1. NAME OF DECEASED (Type or Print) JAMES J. COFFAY		2. DATE OF DEATH DEC. 18, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland UNION MEM. HOSP.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE MARYLAND B. COUNTY USA.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) THE UNION MEMORIAL HOSP.		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) BALTIMORE	
4. Length of stay in Baltimore 44		D. STREET ADDRESS (If rural, give location) 702 CHESTNUT HILL AVE.	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED.	8. DATE OF BIRTH OCT 12, 1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10B. KIND OF BUSINESS OR INDUSTRY BTC	9. AGE (In years last birthday) 84 11 Under 1 Year Months: Days: 11 Under 24 Hours Hours: Min.
13. FATHER'S NAME TIMOTHY COFFAY		11. BIRTHPLACE (State or foreign country) IRELAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME MARTHA MCCORMICK	
17. INFORMANT MRS. LORETTA BUCHANAN - SANA		ADDRESS	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple Cerebral Hemorrhage DUE TO Hypertensive Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH NOV. 25 - DEC. 18	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from NOV. 25 1953, to DEC. 18 , 1953, that I last saw the deceased alive on DEC. 18 , 1953, and that death occurred at 2:40 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Paul M. Allen		23B. ADDRESS Union Memorial Hosp.	
23C. DATE SIGNED DEC 18, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/21/53	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Bald Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1953		REGISTRAR'S SIGNATURE Leonard Ruck	
25. FUNERAL DIRECTOR Leonard Ruck		ADDRESS 5305 Bayford	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

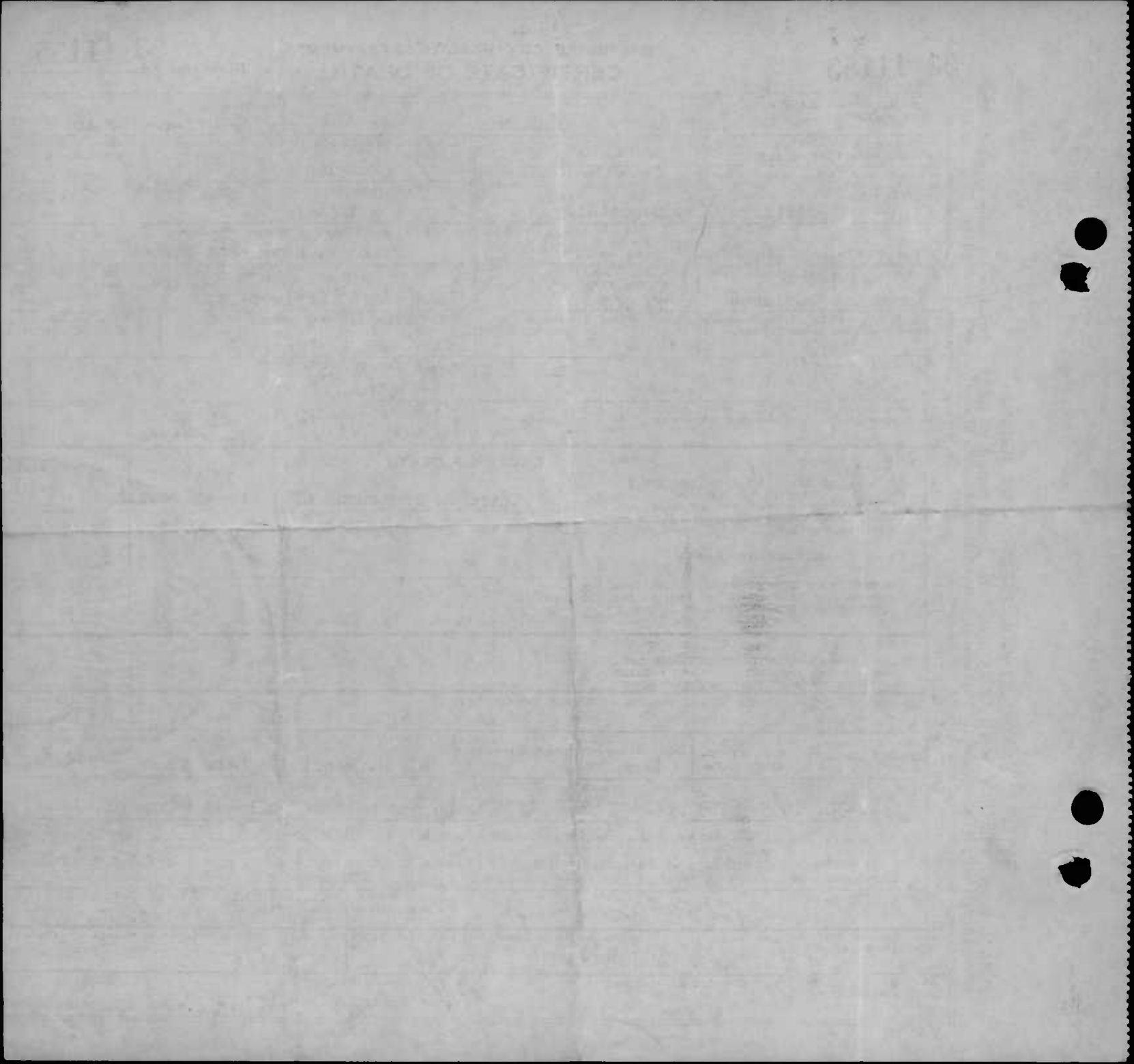
P-650
53 11155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11155
Registered No.

1. NAME OF DECEASED (Type or Print) MARY PARHAM		2. DATE OF DEATH December 16, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 63 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 204 W. Henrietta Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug 1-1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Housework	9. AGE (in years last birthday) 84 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Rock Hall Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME Ellen Butler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ---	17. INFORMANT David W. William Parham
18. E 916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Third degree burns of lower extremities DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	
21C. WHERE DID INJURY OCCUR? 204 W. Henrietta Street		21D. TIME (Month) (Day) (Year) (Hour) Nov. 30, 1953 5:00 P. m.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Burned herself while lighting oil lamp	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE [Signature]		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.	
23C. DATE SIGNED Dec. 17, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-19-54	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24D. LOCATION (City, town, or county) (State) Balto.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR W. B. Spragg - 139 W. Hamling St.	

VS 151 js N 945.20



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-520
53 11156

BIRTH NO.

THOMAS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 11156

1. NAME OF DECEASED (Type or Print) <i>Walter Thomas</i>			2. DATE OF DEATH <i>December 17, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Osler 2</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Queen Anne's</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Stevensville</i>		
c. Length of stay in Baltimore <i>33</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>6700</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>5-26-00</i>	9. AGE (in years last birthday) <i>53</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>system</i>	11. BIRTHPLACE (State or foreign country) <i>Stevensville</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Henry Thomas</i>			14. MOTHER'S MAIDEN NAME <i>Olla Thomas</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>023X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Leucic Heart Disease</i>	CAUSE OF DEATH <i>Leucic Heart Disease</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO (B) DUE TO (C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
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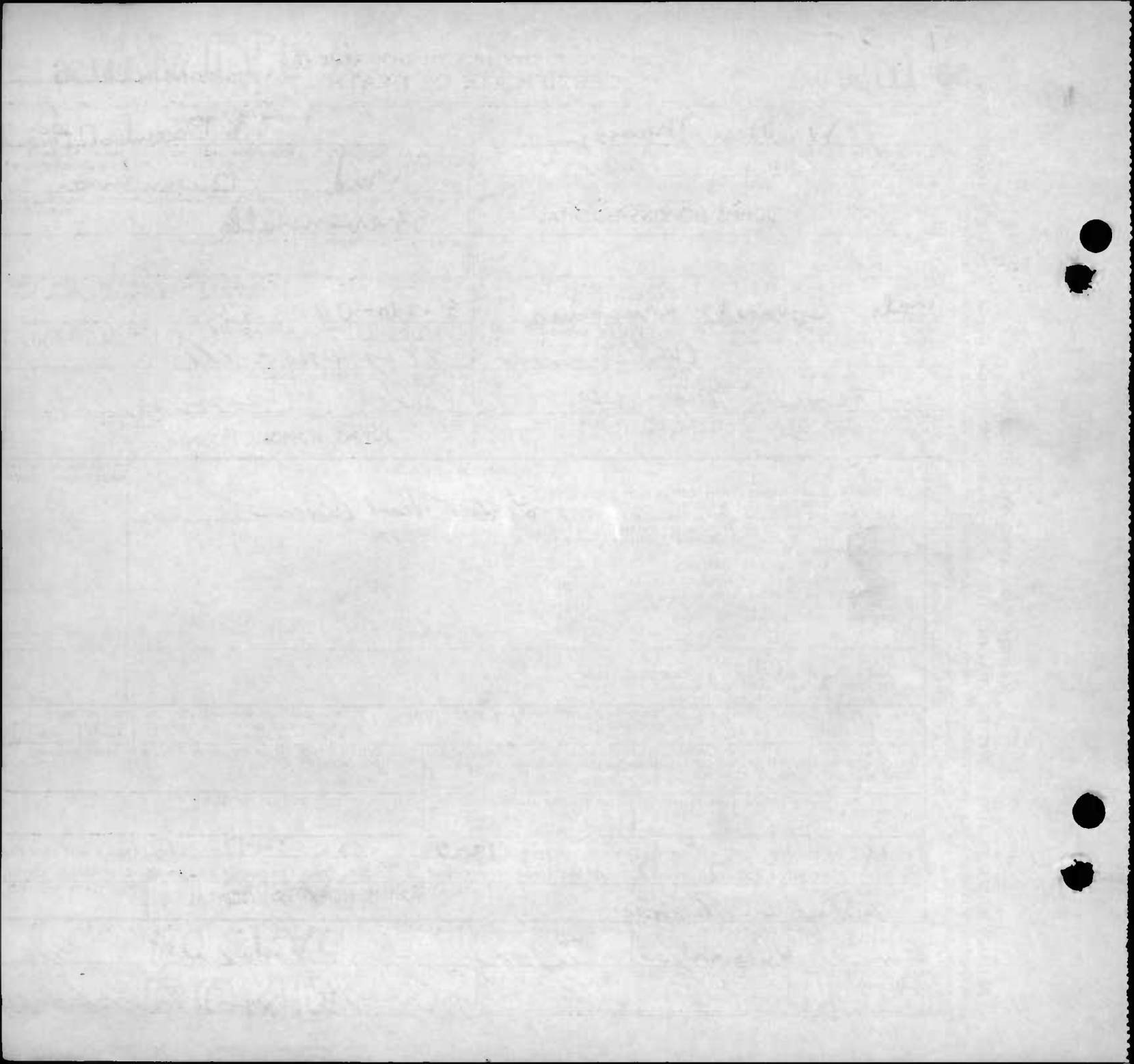
19A. DATE OF OPERATION <i>7</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *12-5*, 19*53*, to *12-17*, 19*53*, that I last saw the deceased alive on *12-17*, 19*53*, and that death occurred at *8:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Richard C. Reynolds</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec. 28/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Ocean</i>	24D. LOCATION (City, town, or county) (State) <i>Stevensville Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 18 1953</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>	25. FUNERAL DIRECTOR <i>J.B. Johnson</i>	ADDRESS <i>Annapolis</i>
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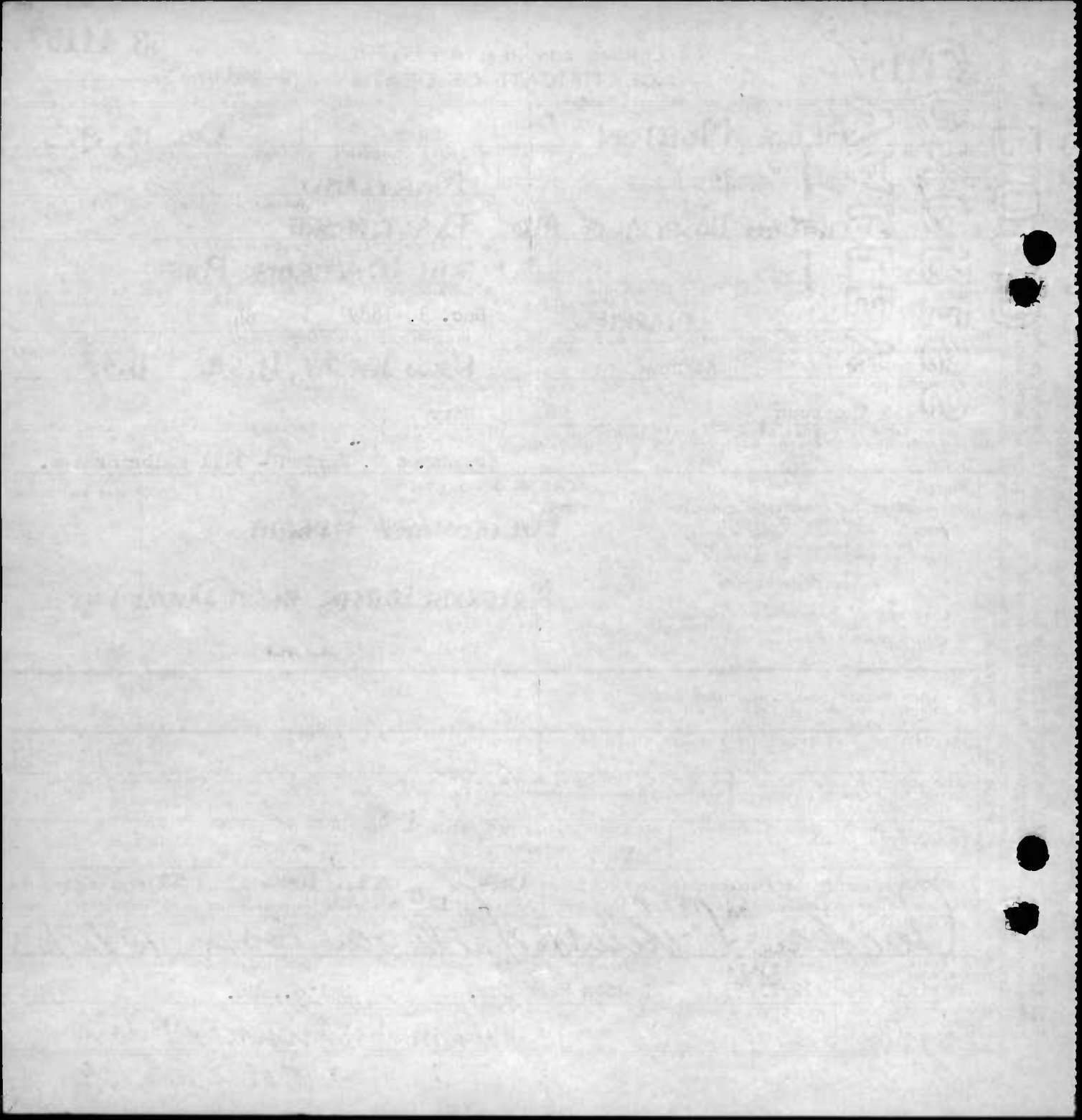


M-635
53 11157BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11157

Registered No.

1. NAME OF DECEASED (Type or Print) ALICE MORTON			2. DATE OF DEATH Dec 18, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
b. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN Hospital of MD			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 3111 WALBROOK AVE		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 3, 1889		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) NEW JERSEY, U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Willis Thompson			14. MOTHER'S MAIDEN NAME Mary		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. James H. Morton - 3111 Walbrook Ave.		
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PULMONARY EDEMA DUE TO ARTERIOSCLEROTIC HEART DISEASE 1 yr ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 18, 1953 to Dec 18, 1953 , that I last saw the deceased alive on Dec 18, 1953 and that death occurred at 12:15 Am. , from the causes and on the date stated above.					
23a. SIGNATURE William J. Vickers		23b. ADDRESS 17, Mtd.		23c. DATE SIGNED 12/18/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/21/53		24c. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24d. LOCATION (City, town, or county) (State) Balto., Md.		24e. DATE RECEIVED BY LOCAL REGISTRAR DEC 18 1953		24f. REGISTRAR'S SIGNATURE Wm. J. Vickers & Sons	
24g. VS 150		24h. FUNERAL DIRECTOR Wm. J. Vickers & Sons		24i. ADDRESS Balto. 17, Mtd.	



P-253
53 11158BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11158
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Hazel Marie Pisanitch</i>		2. DATE OF DEATH <i>Dec. 16/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1933 Wilkens Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 20 03</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1933 Wilkens Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 28-1907</i>	9. AGE (In years last birthday) <i>46</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H.W.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Acron Name</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>John W. Tapper</i>		14. MOTHER'S MAIDEN NAME <i>Ada Badger</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>John Pisanitch</i> ADDRESS	
18. <i>170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>CANCER of the breast</i>		CAUSE OF DEATH <i>1933 Wilkens Ave</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 Years</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>BRIGHT'S DISEASE</i>		<i>Months</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec. 4</i> , 19 <i>53</i> , to <i>Dec. 16</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Dec. 15</i> , 19 <i>53</i> , and that death occurred at <i>Dec. 16, 1953</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Henry Romanas</i>		23B. ADDRESS <i>1934 Wilkens Ave, Balto.</i>		23C. DATE SIGNED <i>Dec. 23, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/19/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Laurel Pl.</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>Harry H. Witzke</i>		ADDRESS <i>4101 Edmondson Ave.</i>	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1907

I-546
53 11159BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11159
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Mrs. Minnie^C Immler ("Wilhelmina"^C)2. DATE
OF
DEATH

12/15/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

166 South Kossuth Street

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

3/2/1878

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Siegfried

14. MOTHER'S MAIDEN NAME

Mary Leary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Philip Hohmann - Jane.

18. 561.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Intestinal obstruction acute

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Strangulated Femoral Hernia

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12/19/53

19B. MAJOR FINDINGS OF OPERATION

Intestinal Obstruction

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11/1953 to 12/15/1953 that I last saw the
deceased alive on 12/15/1953, and that death occurred at 9:58 p.m., from the causes and on the date stated above.

23A. SIGNATURE

George Iwas

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

12/15/53

24A. BURIAL CREMA-
TION REMOVAL (Specify)

24B. DATE

12/19/53

24C. NAME OF CEMETERY OR CREMATORY

New Catholic Cemetery - Baltimore

24D. LOCATION (City, town, or county)

Baltimore - Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

B. Phipps & Son

ADDRESS

1300 Eutaw Pl. 17.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11160

BIRTH NO.

BAKER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 11160 Registered No.

1. NAME OF DECEASED (Type or Print) <i>James Barker</i>			2. DATE OF DEATH <i>December 17, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Order 2</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>haroline</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Federalsburg</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>5500</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>8-30-05</i>	9. AGE (In years last birthday) <i>42</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Z. L. L. L.</i>	
13. FATHER'S NAME <i>No date</i>			14. MOTHER'S MAIDEN NAME <i>No date</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>222-09-4402</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>204.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Leukemia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>7</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>✓</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <i>No</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-14</i> , 19 <i>53</i> , to <i>12-17</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-17</i> , 19 <i>53</i> , and that death occurred at <i>6:45</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. L. L. L.</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Dec 15, 1953</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/20/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Federalsburg</i>		24D. LOCATION (City, town, or county) (State) <i>Federalsburg Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 19 1953</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>17 Trappan Lane, Federalsburg Md.</i>	

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James H. ...
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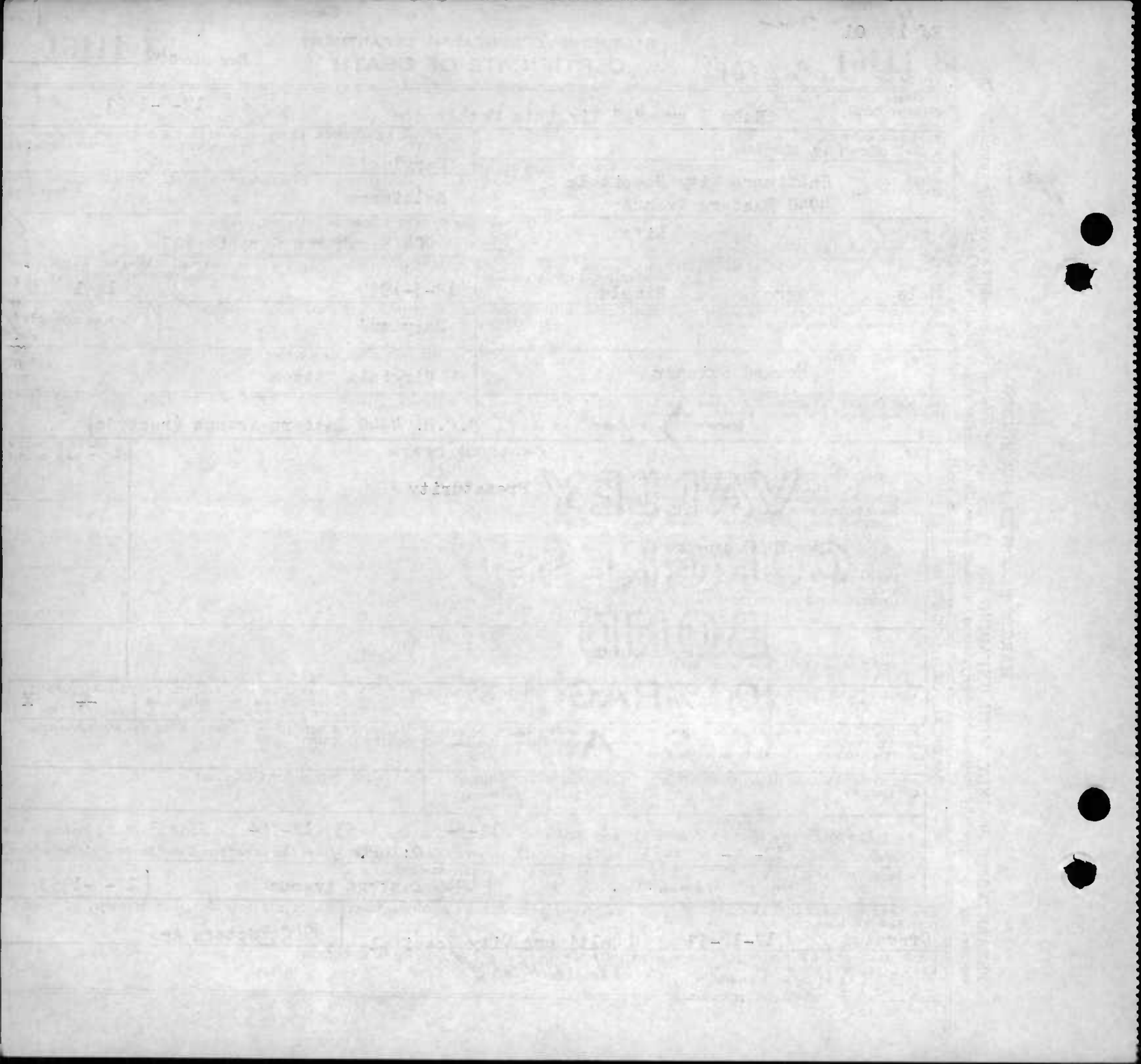
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FJ 177401 52		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 11161	
53 11161 53-29648		BIRTH NO.			
1. NAME OF DECEASED (Type or Print) Baby B oy "A" Virginia Washington			2. DATE OF DEATH 12-6-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 904 Sarah Ann Street #23		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-5-1953	9. AGE (In years last birthday) 1	10. Under 1 Year Months: 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? 8		
13. FATHER'S NAME Howard Skinner			14. MOTHER'S MAIDEN NAME Virginia Watson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B.C.H. 4940 Eastern Avenue (records)		
18. 776x 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Prematurity DUE TO (A) (B) (C)		
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12-5-1953 to 12-6-1953, that I last saw the deceased alive on 12-6-1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE H.C. Johnson		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-6-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 12-17-53	24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospital	24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave	
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-2152
53-11162
AJB 177402
3-29649

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11162

BIRTH NO. 3-29649

1. NAME OF DECEASED (Type or Print) Baby B oy ; Bⁿ Virginia Washington

2. DATE OF DEATH 12-6-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern, Ave

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
904 Sarah Ann, St

8. Length of stay in Baltimore Life Yrs. Mos. Days

9. SEX Male 10. COLOR OR RACE Negro 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

12. DATE OF BIRTH 12-5-1953

13. AGE (In years last birthday) 14. Under 1 Year Months: Days: 15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country) Maryland

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME Howard Skinner

21. MOTHER'S MAIDEN NAME Watson

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

23. SOCIAL SECURITY NO.

24. INFORMANT B. C. H. 4940 Eastern, Ave (records)

25. ADDRESS

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Prematurity

2. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5, 1953 to 12-6, 1953, that I last saw the deceased alive on 12-6, 1953, and that death occurred at 4:15a m., from the causes and on the date stated above.

23A. SIGNATURE H. C. Johnson M. D.

23B. ADDRESS 4940 Eastern, Ave Balto. Md

23C. DATE SIGNED 12-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated

24B. DATE 12-17-53

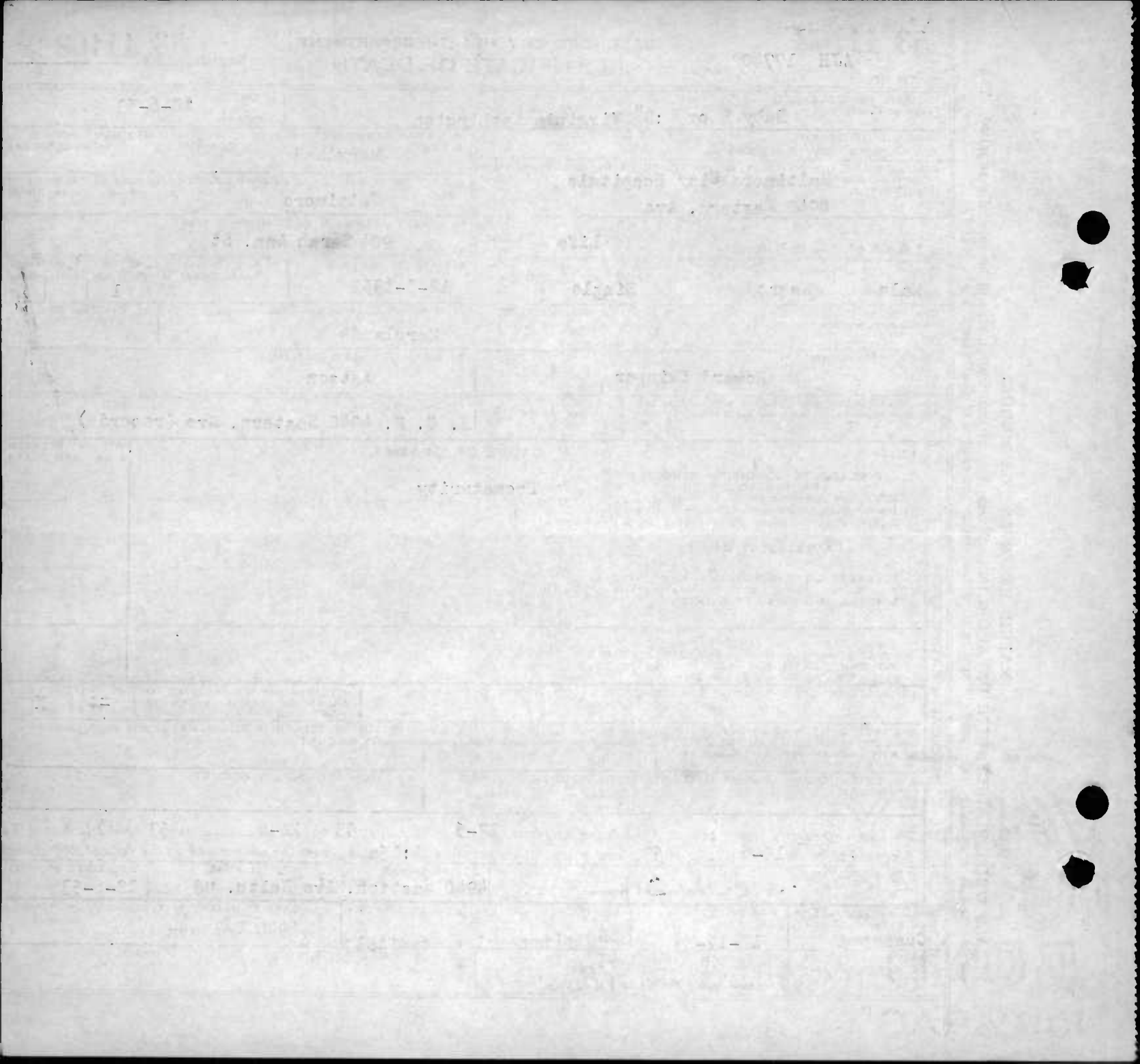
24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospital

24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave

DATE RECEIVED BY LOCAL REGISTRAR 25. FUNERAL DIRECTOR 26. ADDRESS

DEC 19 1953 Huntington Williams, M.D.

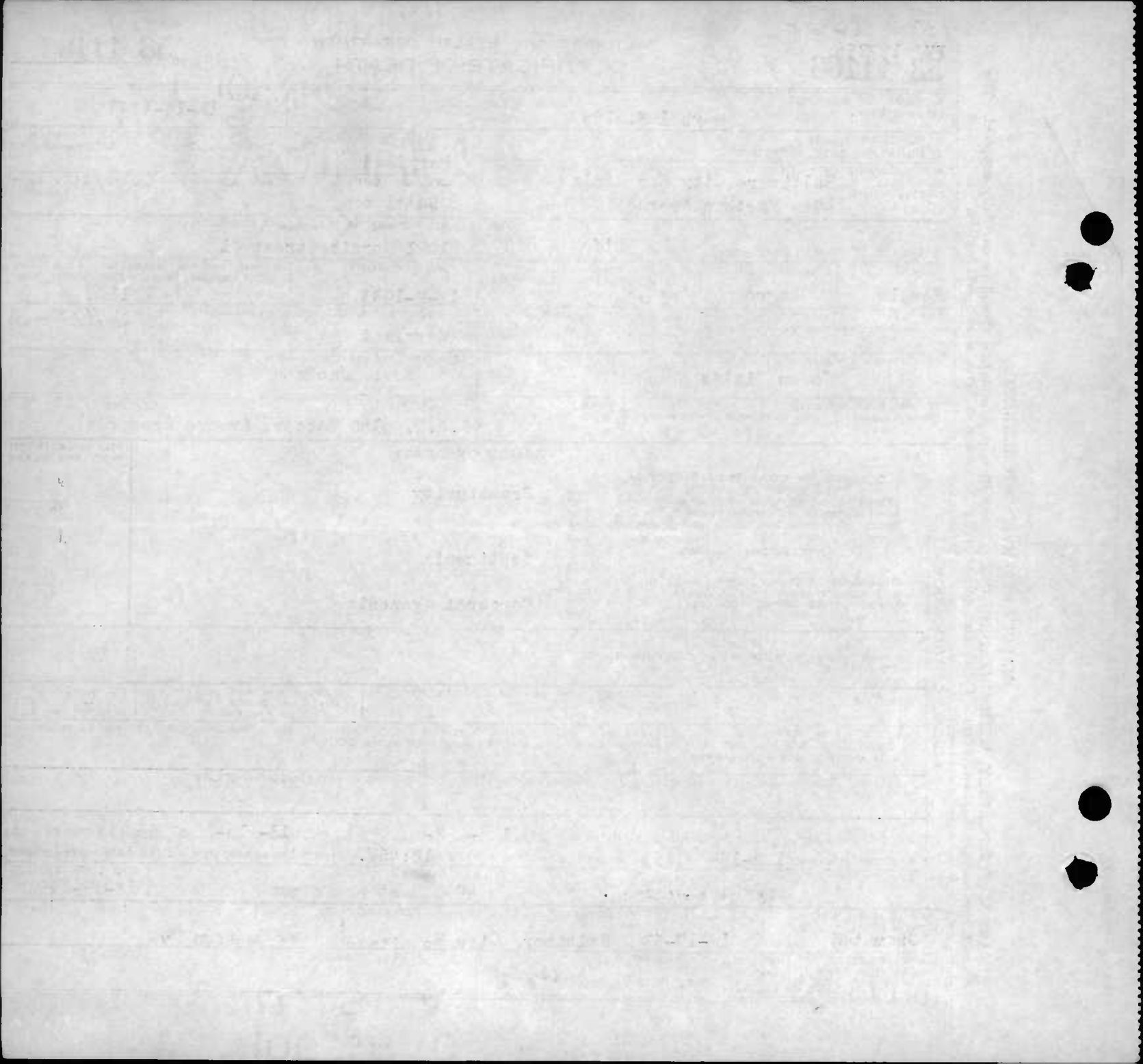
VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-432				BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 11163	
FVJ 177256				53 11163 59-30620			
BIRTH NO.				CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) Maybel Fields				2. DATE OF DEATH 12-15-1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 1021 Morris Street #1				E. LENGTH OF STAY IN BALTIMORE Life			
5. SEX Female		6. COLOR OR RACE Negro		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 12-2-1953	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Fields				14. MOTHER'S MAIDEN NAME Susie Jackson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT B.C.H. 4940 Eastern Avenue (records)		ADDRESS	
18. 753.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO Septicemia DUE TO Cerebral Agenesis				INTERVAL BETWEEN ONSET AND DEATH			
19. DATE OF OPERATION 7				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 12-2-1953 , to 12-15-1953 that I last saw the deceased alive on 12-15-1953 , and that death occurred at 12:45A m. , from the causes and on the date stated above.							
23A. SIGNATURE <i>H. J. Williams</i>				23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-15-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 12-17-53		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospital		24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave	
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1953		REGISTRAR'S SIGNATURE <i>H. J. Williams</i>		25. FUNERAL DIRECTOR		ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-621

53 11164 **BALTIMORE CITY HEALTH DEPARTMENT** **53 11164**
CERTIFICATE OF DEATH **Registered No.**

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CLARA BAUERSFELD		2. DATE OF DEATH Dec. 16, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1107 S. Ellwood Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 1107 S. Ellwood Avenue	
c. Length of stay in Baltimore Life		Yrs. Life Mos. Life Days Life			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 5, 1874	9. AGE (In years last birthday) 79	10. Under 1 Year Months: 79 Days: 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10B. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Henry W. Bauersfeld		14. MOTHER'S MAIDEN NAME Amelia Hansge		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Rose Becker 1107 S. Ellwood Avenue	
18. 331X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis DUE TO		(B) Arteriosclerosis		2 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus				12 yrs	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 1949 , 19 53 , to Dec. 16 1953 , that I last saw the deceased alive on Dec. 16 1953 , and that death occurred at 11:35 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Clarence W. LeDoux		23B. ADDRESS 3023 Eastern Ave.		23C. DATE SIGNED 12/17/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 19, 1953		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR H. SANDER & SONS, INC.		Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR H. SANDER & SONS, INC.	
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W-252
53 11165BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11165

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Edward P. Washington</i>			2. DATE OF DEATH <i>Dec. 18, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>2103 Cold Spring Lane</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN <i>Baltimore</i> D. STREET ADDRESS (If rural, give location) <i>1st St</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Beech Hill Beech Home</i>			c. Length of stay in Baltimore Yrs. <i>60</i> Mos. <i>1</i> Days					
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWER</i>	8. DATE OF BIRTH <i>Aug. 4 - 1873</i>		9. AGE (In years - last birthday) <i>80</i>		If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Interstate Commerce Commission</i>			11. BIRTHPLACE (State or foreign country) <i>Hagerstown, Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John Washington</i>			14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Pearl Wilson</i>			ADDRESS
18. <i>446x and 260x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Leukemia</i> DUE TO (B) <i>Chronic Glomerulonephritis</i> DUE TO (C) <i>Arteriosclerosis</i> <i>Diabetes Mellitus</i>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH <i>?</i> <i>?</i> <i>?</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>Aug.</i> , 1953, to <i>12-18</i> , 1953, that I last saw the deceased alive on <i>12-18</i> , 1953, and that death occurred at <i>6:30</i> a.m., from the causes and on the date stated above.								
22A. SIGNATURE <i>Stanford P. Hunsicker</i>			22B. ADDRESS <i>2309 Druid Hill Ave</i>			22C. DATE SIGNED <i>12-19-53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>		24D. LOCATION (City, town, or county) (State) <i>Washington, D.C.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 19 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. C. Hume</i>		ADDRESS <i>Westminster & 9th St. Wash. D.C.</i>		

VALLEY
CONGRES
SECOND
CONGRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11166

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER B. COVINGTON

2. DATE
OF
DEATH

Dec. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2007 E. 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2007 E. 31st St.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 11, 1870

9. AGE (In years,
last birthday)

83

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Storekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph G. Covington

14. MOTHER'S MAIDEN NAME

Sarah E. Seward

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

none

17. INFORMANT ADDRESS
Mr. Richard A. Lawrence-2007 E. 31st St.18. 422.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) DUE TO

arteriosclerosis generalised 2 years

ANTECEDENT CAUSES

(B) DUE TO

old age.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

myocarditis.

3 mo

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1945, to Dec 18, 1953, that I last saw the
deceased alive on Dec 15, 1953, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. H. Mortimer Jr.

23B. ADDRESS

2706 St Paul St

23C. DATE SIGNED

12/19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

12/19/53

24C. NAME OF CEMETERY OR CREMATORY

Hermitage Cem.

24D. LOCATION (City, town, or county)

Church View, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

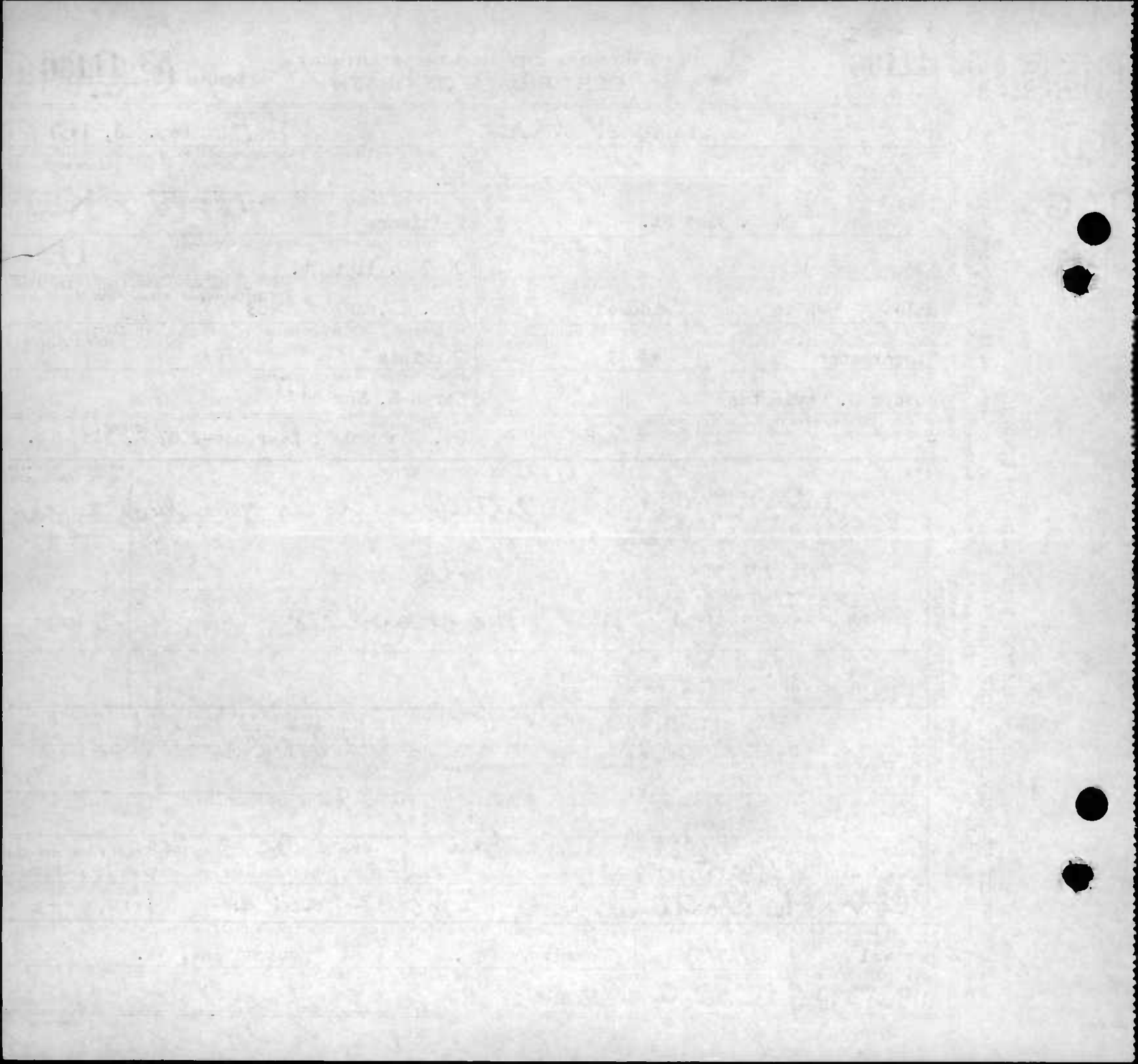
DEC 19 1953 Huntington Williams

FUNERAL DIRECTOR

ADDRESS

Wm. J. Vickers & Sons
Baltimore, Md.

VS 150



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 11167
Registered No.

M-235
53 11167
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MR. LLOYD McDONALD			2. DATE OF DEATH 12/16/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 45 yrs.			D. STREET ADDRESS (If rural, give location) 3917 Woodridge Rd. 29		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 19, 1908		9. AGE (In years last birthday) 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier		10B. KIND OF BUSINESS OR INDUSTRY Miller Restaurant	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Mr. Archie McDonald			14. MOTHER'S MAIDEN NAME Edna Burton		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unk		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Lena McDonald (Same)		

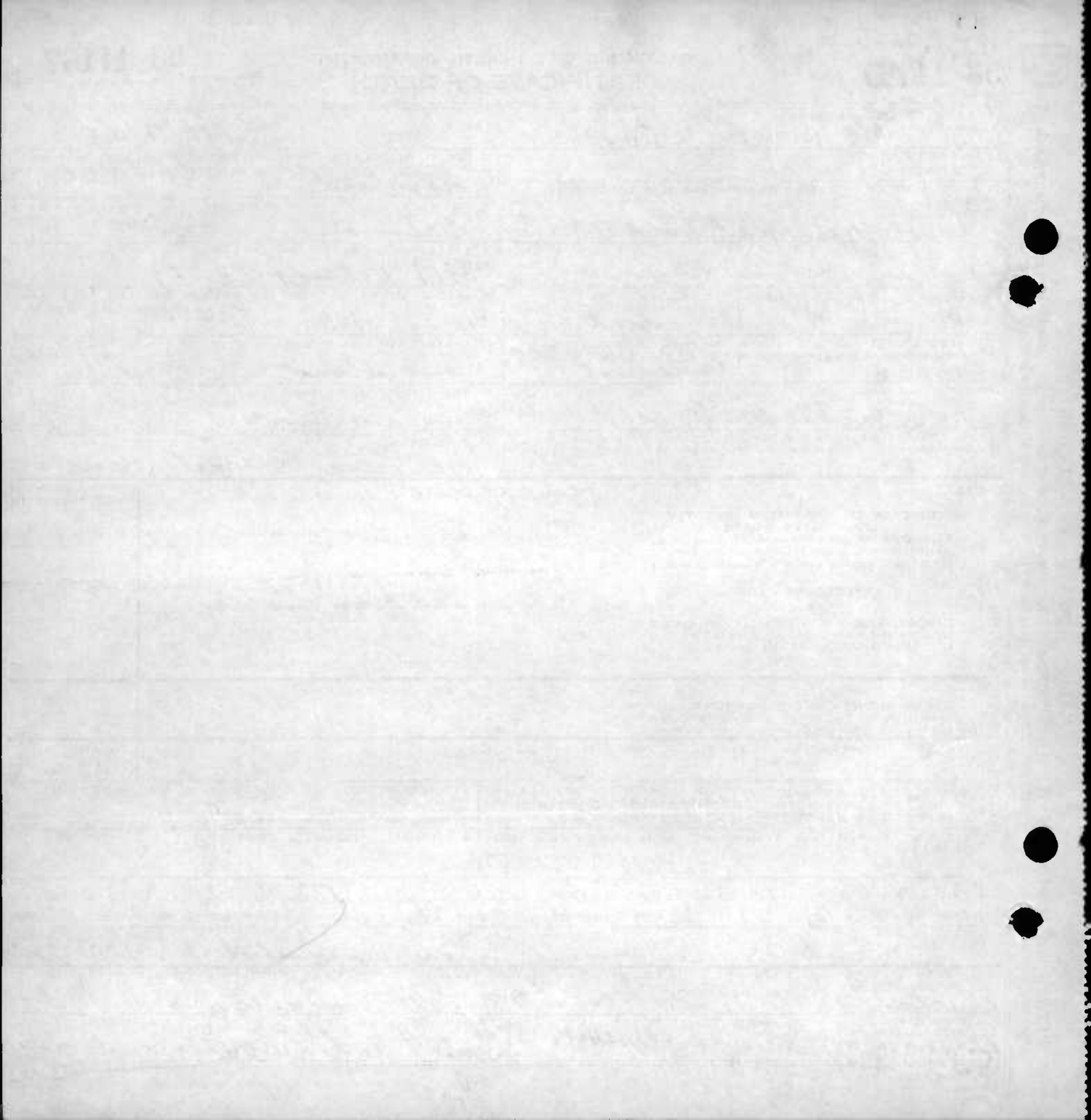
18. 416x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral embolism		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheumatic heart disease			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/6/53 , 19__, to 12/16/53 , 19__, that I last saw the deceased alive on 12/16/53 , 19__, and that death occurred at 11:30 m., from the causes and on the date stated above.					
23A. SIGNATURE Hugh M. Brown		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED 12/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 19/53		24C. NAME OF CEMETERY OR CREMATORY Landon, Pk.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Harry A. Witzke, 4101 Edmondson Ave			

DEC 19 1953
VS 150

320 6M

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

53
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 460
11168
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11168

1. NAME OF DECEASED (Type or Print) Euler, Harry B. Jr.			2. DATE OF DEATH December 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harundale		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1028 Upton Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 7, 1912	9. AGE (In years, last birthday) 41	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Manager			10B. KIND OF BUSINESS OR INDUSTRY Fidelity Storage Co.		
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			12. CITIZEN OF WHAT COUNTRY? ✓		
13. FATHER'S NAME Henry B. Euler			14. MOTHER'S MAIDEN NAME Marie Edell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. R13-01-5911		
17. INFORMANT Mrs. Aleene M. Euler			ADDRESS same		
18. 364X CAUSE OF DEATH					
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bronchopneumonia DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Infectious neuronitis (Guillan-Barre syndrome) DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION ✓		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 30 , 1953 to Dec. 16 , 1953, that I last saw the deceased alive on Dec. 16 , 1953 and that death occurred at 8:10a. m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS M. D. 1100 N. Caroline Street		23C. DATE SIGNED Dec. 16 '53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 19/53		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Harry H. Wight			
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1953		REGISTRAR'S SIGNATURE Huntington Williams			
ADDRESS 4101 Edmondson Ave					

BODY TAKEN BY

NAME

ADDRESS

DATE

53

11169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11169

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELBERT KRUSE

2. DATE
OF
DEATH

December 17, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2458 W. Baltimore Street

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH

Jan. 3, 1902

9. AGE (In years
last birthday) 5111 Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mutual Clerk

10B. KIND OF BUSINESS OR
INDUSTRY
All Race Tracks

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herman Kruse

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Rose Holt, 5205 Leeds Ave

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Massive subarachnoid hemorrhage
DUE TO rupture of congenital aneurysm of
circle of Willis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Dec. 17, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 19 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry H. Witzke

ADDRESS

4101 Edmondson Ave

VS 151

js

390 84

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Page 10

CERTIFICATE OF DEATH

11110

Blank certificate form with horizontal lines and four punch holes on the right side.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-563

58 11170

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 11170

BIRTH NO.

1. NAME OF DECEASED *J.*
(Type or Print)

OSCAR LEONARD

2. DATE OF DEATH *Dec. 17, 1953*3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Md.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write full name and give township)
Baltimore

St. Agnes Hospital

D. STREET ADDRESS (If rural, give location)

40 c. Length of stay in Baltimore 61 yrs.

Yrs.
Mos.
Days

4628 Manordene Rd.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year Months Days
11 Under 24 Hours Hours Min.

Male

White

Married

11/19/92

61

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Ball Chemical Co.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Maryland

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Theodore Leonard

Laura Ebert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs Lula Leonard, 4628 Manordene Rd

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diverticulitis - Possible Carcinoma of Sigmoid - Perforation

11/11/53

ANTECEDENT CAUSES

(B) Peritonitis

12/17/53

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Above

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

12/12/53

Obstruction

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/10/53, 19, to 12/17/53, 19, that I last saw the deceased alive on 12/17/53 19, and that death occurred at 10³⁰ am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

D. M. M. Middleton

St. Agnes Hospital

12/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Dec. 21/53

Baltimore National, Baeto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 19 1953

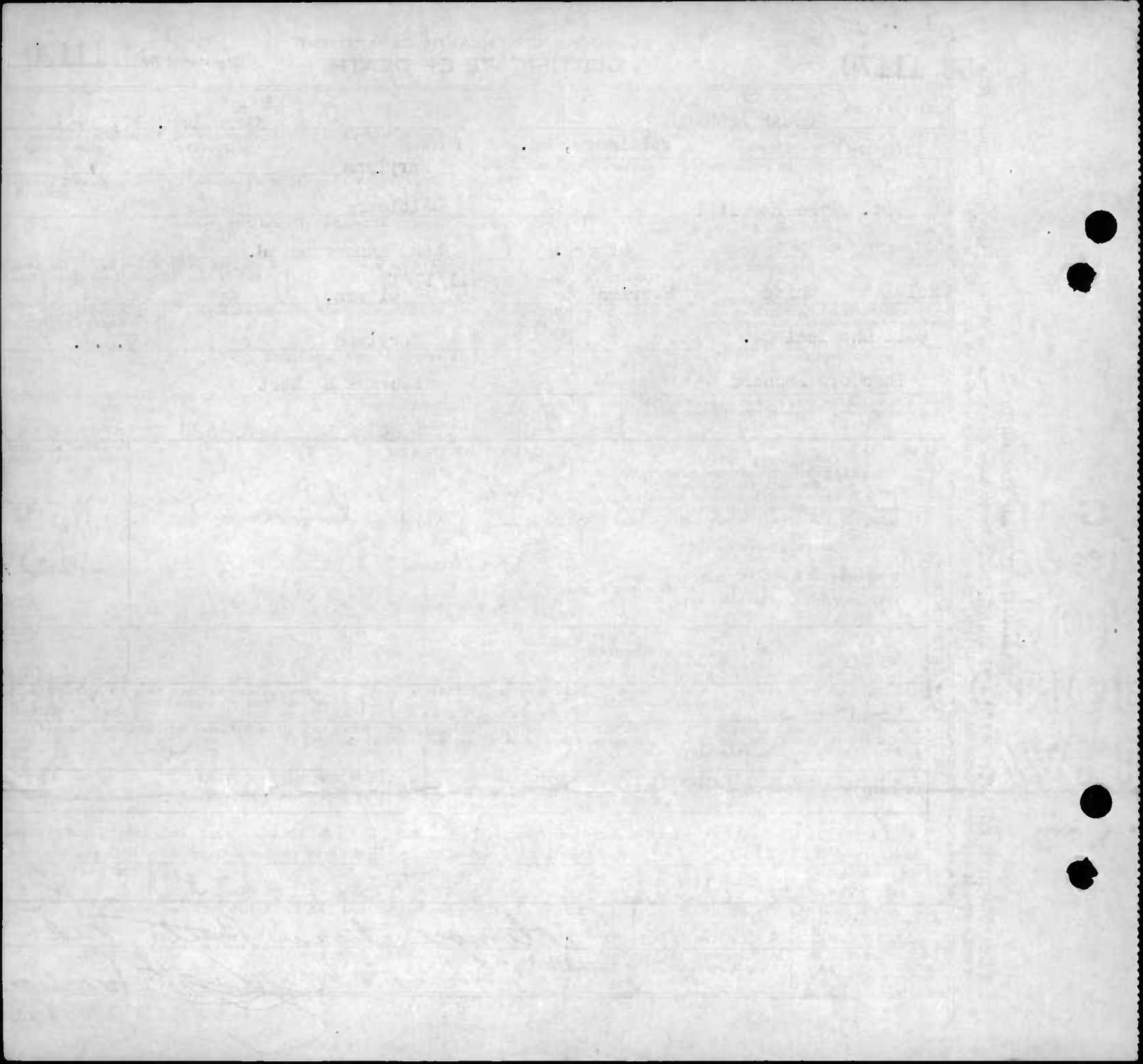
H. H. Williams, Jr.

Harry N. Witzke, 4101 Edmondson Ave.

VS 150

6904R

Ave.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-430

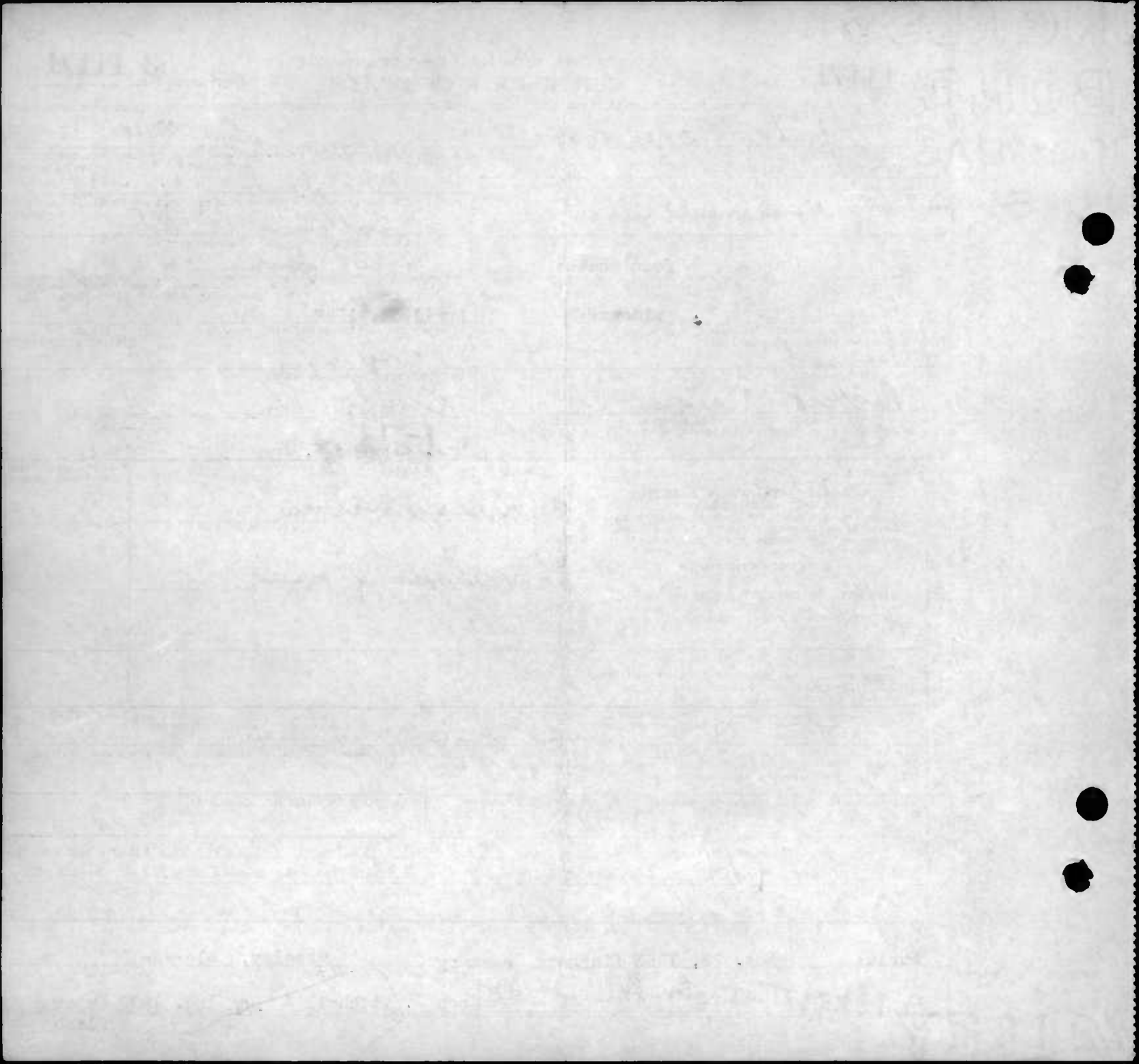
53 11171

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11171

1. NAME OF DECEASED (Type or Print) HELEN SELLWOOD			2. DATE OF DEATH 12/18/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 14-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 37 Mercy Hospital Inc.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17, Md.		
c. Length of stay in Baltimore four months			D. STREET ADDRESS (If rural, give location) 239 Laurens St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 14, 1882		9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? 3
13. FATHER'S NAME Richard Trigg			14. MOTHER'S MAIDEN NAME Emily Ellis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) (C)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Raymond J. Dam		ADDRESS Same
18. 175X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis			CAUSE OF DEATH Carcinoma of ovary		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 8/53			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Intestinal obstruction		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/10, 1953 to 12/18, 1953 ; that I last saw the deceased alive on 12/17, 1953 and that death occurred at 8:40 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. F. Palmisano		23B. ADDRESS Mersey Hospital Inc.		23C. DATE SIGNED 12/18/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 23, 1953		24C. NAME OF CEMETERY OR CREMATORY Lingrove Cemetery	
24D. LOCATION (City, town, or county) Greeley, Colorado		25. FUNERAL DIRECTOR John O. Mitchell & Sons Inc. 1900 Eutaw Place			
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-660

53 11172 53-31521 BALTIMORE CITY HEALTH DEPARTMENT
 53 11172 X Registered No. 53 11172

CERTIFICATE OF DEATH

BIRTH NO. John Francis

1. NAME OF DECEASED (Type or Print) B. B. Drury

2. DATE OF DEATH 12-17-53

3. PLACE OF DEATH:
 A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
 A. STATE Md B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
8337 Wyclon Rd. Balto

5. SEX M 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 12-11-53 9. AGE (In years, last birthday) 6 10. Under 1 Year: Months 6 Days 6 11. Under 24 Hours: Hours 6 Min. 6

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 10B. KIND OF BUSINESS OR INDUSTRY Child

11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Edward Drury 14. MOTHER'S MAIDEN NAME Mary Gidriel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No 16. SOCIAL SECURITY NO. 762.0

17. INFORMANT Father - ADDRESS Same

18. 762.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) complete stenosis of lower part of aorta

CAUSE OF DEATH complete stenosis of lower part of aorta

INTERVAL BETWEEN ONSET AND DEATH lumps. uremia?

ANTECEDENT CAUSES lumps. uremia?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED complete stenosis of lower part of aorta 19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? lumps. uremia? 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) lumps. uremia? 21C. HOW DID INJURY OCCUR? lumps. uremia?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-17-53 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

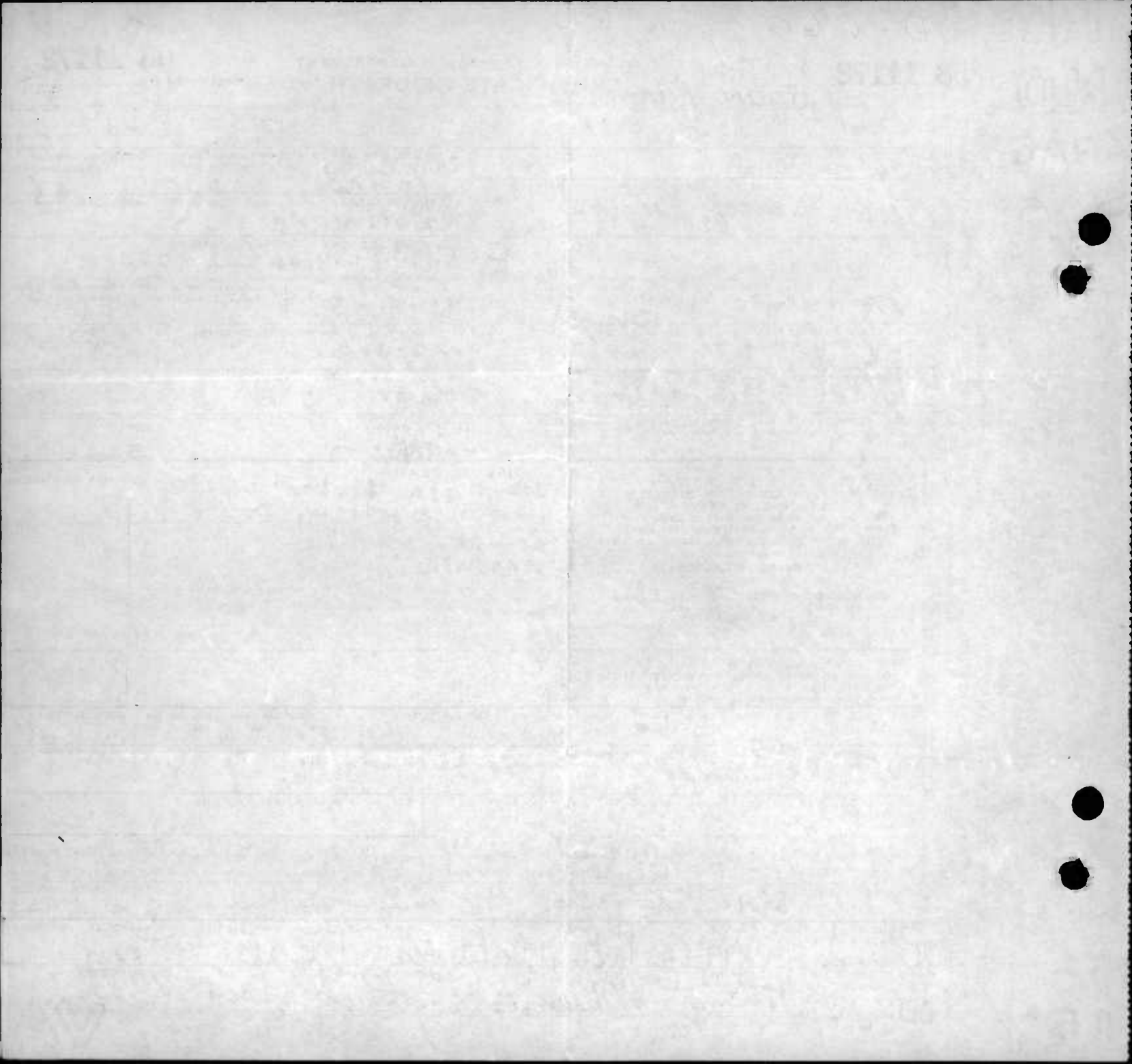
22. I hereby certify that I attended the deceased from 12-11, 1953 to 12-17, 1953 that I last saw the deceased alive on 12-17, 1953, and that death occurred at 2 p.m., from the causes and on the date stated above.

23A. SIGNATURE Rita Scheller 23B. ADDRESS Mercy Hospital 23C. DATE SIGNED 12-17-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 12/19/53 24C. NAME OF CEMETERY OR CREMATORY New Cathedral 24D. LOCATION (City, town, or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1953 REGISTRAR'S SIGNATURE Huntington Williams, M.D. FUNERAL DIRECTOR J. Kuck ADDRESS 5305 Hayford

VS 150



53 11173

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

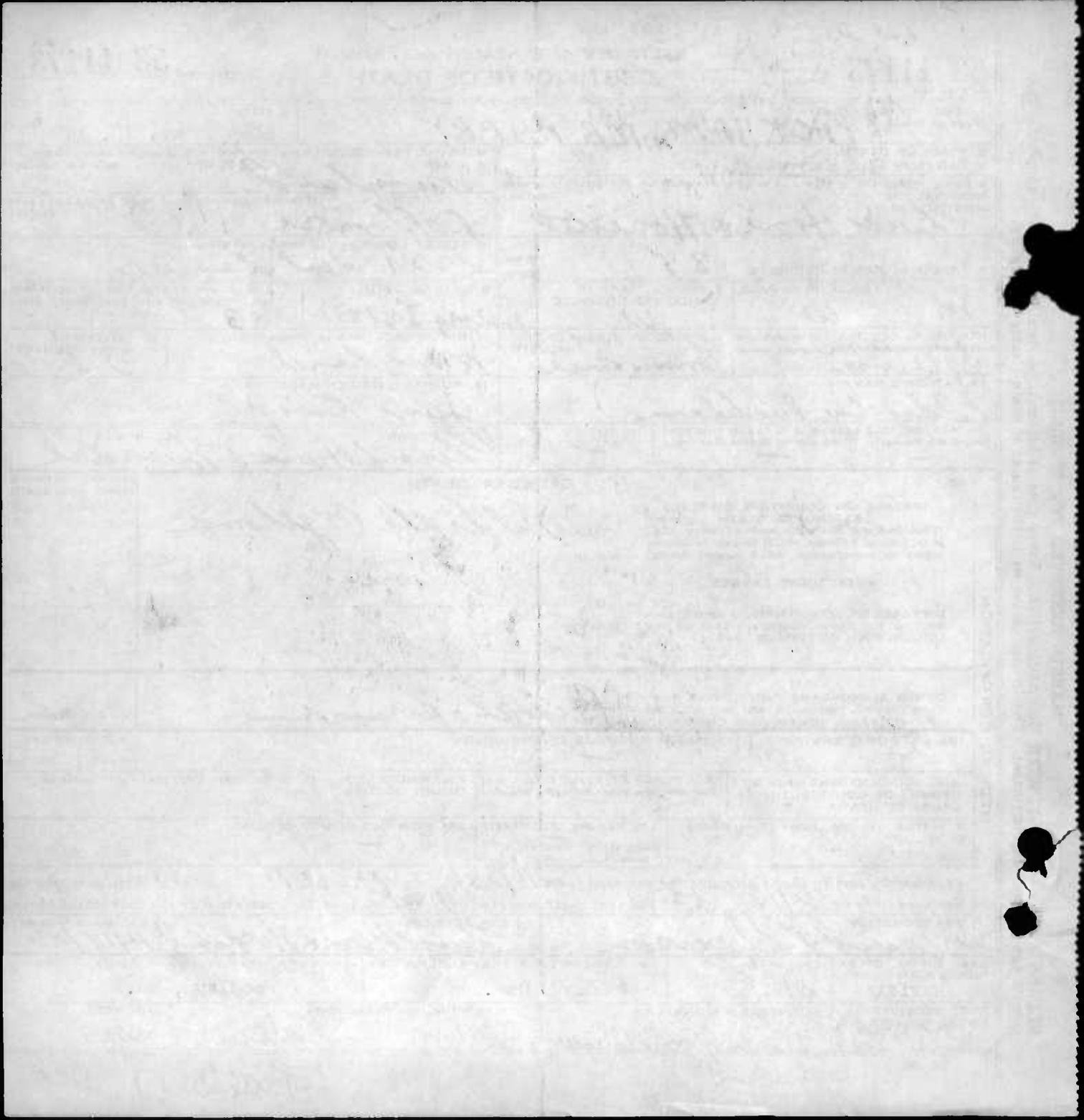
Registered No. 53 11173

1. NAME OF DECEASED (Type or Print) PACKHAM, MR. HARRY			2. DATE OF DEATH Dec. 18, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 16-05 c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore d. STREET ADDRESS (If rural, give location) 2321 West Lanvale		
b. FULL NAME OF HOSPITAL OR INSTITUTION Chum Home & Hospital			Yrs. 84 Mon. 35 Days		
c. Length of stay in Baltimore			5. SEX M		
6. COLOR OR RACE W			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Insurance		
13. FATHER'S NAME Eldridge Packham			11. BIRTHPLACE (State or foreign country) Maryland		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —			16. SOCIAL SECURITY NO. —		
14. MOTHER'S MAIDEN NAME Jane King			12. CITIZEN OF WHAT COUNTRY? U.S.		
17. INFORMANT Chum Home & Hospital			ADDRESS		

18. 203X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Multiple Myeloma			
DUE TO					
ANTECEDENT CAUSES		(B) Bronchopneumonia			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) 2 wks			

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Bronchopneumonia		2 wks	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY —		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? —	
22. I hereby certify that I attended the deceased from 11/28/1953 to 12/18, 1953 , that I last saw the deceased alive on 12/18, 1953 , and that death occurred at 9:40 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE David F. Dawson		23b. ADDRESS Chum Home & Hospital		23c. DATE SIGNED 12/18/53	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/21/53		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24d. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 19 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. Pickner & Sons		ADDRESS Baels. 17, Md.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11174****L-535**
53 11174

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MR. LANDON, EMORY**2. DATE
OF
DEATH**12/19/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**Union Memorial Hosp. #45**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5705 Roland Ave.

c. Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. **151X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Carcinoma of stomach**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Pleurisy - Pleural fluid - left**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from **10/10/53**, 19__, to **12/19/53**, 19__, that I last saw the
deceased alive on **12/19/53**, 19__, and that death occurred at **12:35** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Hugh M. Brown

M. D.

Union Memorial Hosp.**12/19/53**24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

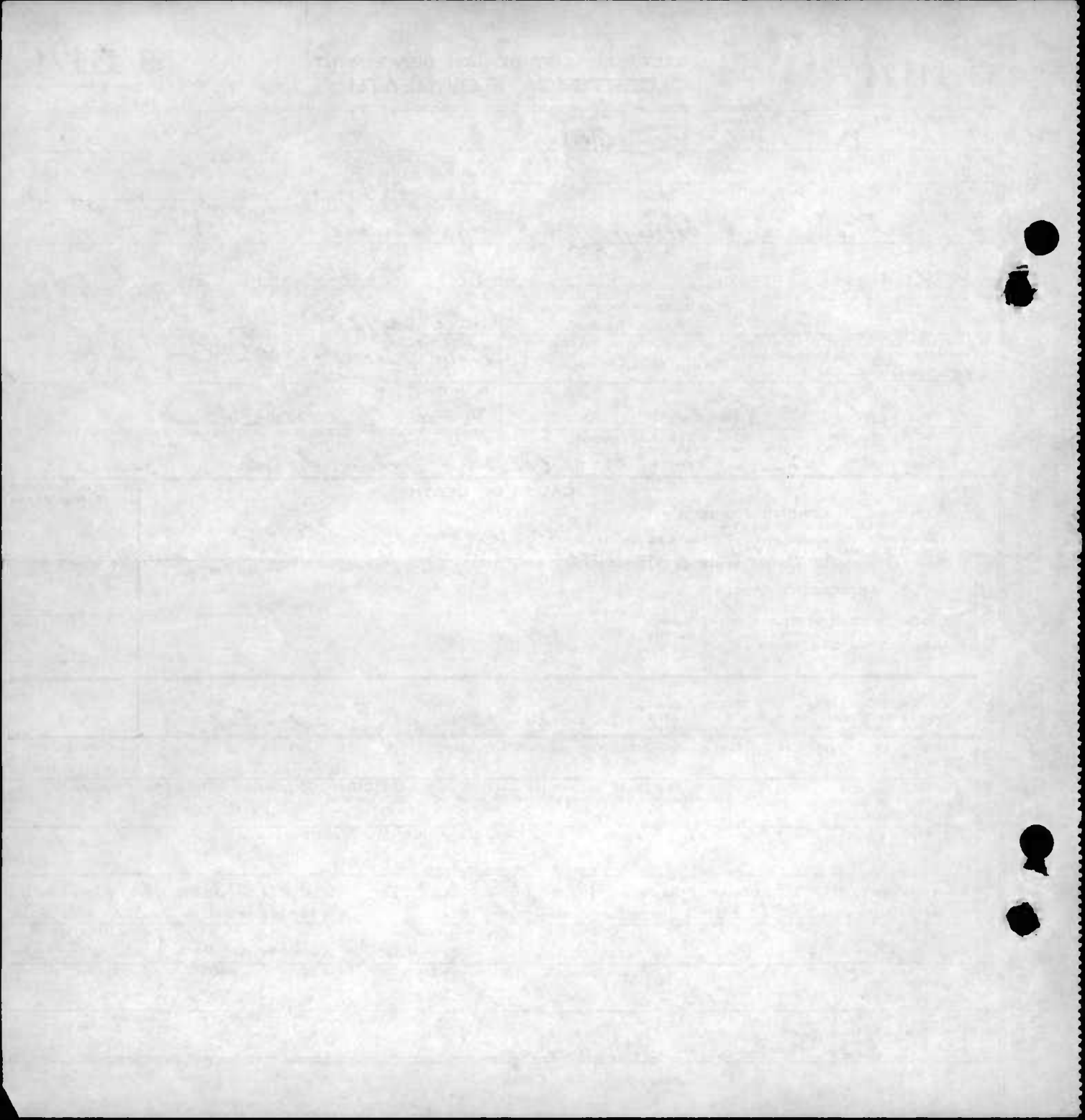
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DECEMBER 1953**Huntington Williams, M.D.****23247 Charles**



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11175

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Smith, Newton Franklin

2. DATE
OF
DEATH

18 Dec 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3213 Guilford Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (in years
last birthday)11 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during part of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiovascular accident

DUE TO

ANTECEDENT CAUSES

(B)

Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 18 Dec, 1953, to 18 Dec, 1953, that I last saw the
deceased alive on 18 Dec, 1953, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 19 1953

Huntington Williams, M.D.

3324 Charles

VS 150

39093

July 30

RECEIVED

July 30

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 11176

S-460
53 11176

1. NAME OF DECEASED (Type or Print) <u>CLARA A. SCHUELER</u>			2. DATE OF DEATH <u>Dec. 18, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>26-01</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>20</u> <u>4209 Kolb Avenue</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>4209 Kolb Avenue</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 13th, 1870</u>		9. AGE (In years last birthday) <u>83</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Balto., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>August Koerner</u>			14. MOTHER'S MAIDEN NAME <u>Catherine Penschmidt</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT ADDRESS <u>Mrs. Adelaide Lotz, 4209 Kolb Ave.</u>		

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
DUE TO (A) <u>Cerebral Hemorrhage</u>		
DUE TO (B) <u>Cardio Vascular Hypertensive Disease</u>		
DUE TO (C) <u>Arteriosclerosis</u>		<u>14 years</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>14 years</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 10, 1939</u> , to <u>Dec. 18, 1953</u> , that I last saw the deceased alive on <u>Dec. 17, 1953</u> , and that death occurred at <u>8:10 A. M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Michael D. Doush</u>		23B. ADDRESS M. D. <u>4636 Belair Road</u>		23C. DATE SIGNED <u>12/18/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24B. DATE <u>Dec. 21, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Balto., Md.</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 19 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Larsen Funeral Home 7401 Belair Rd.</u>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

ALICE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

WALTER

CHIEF

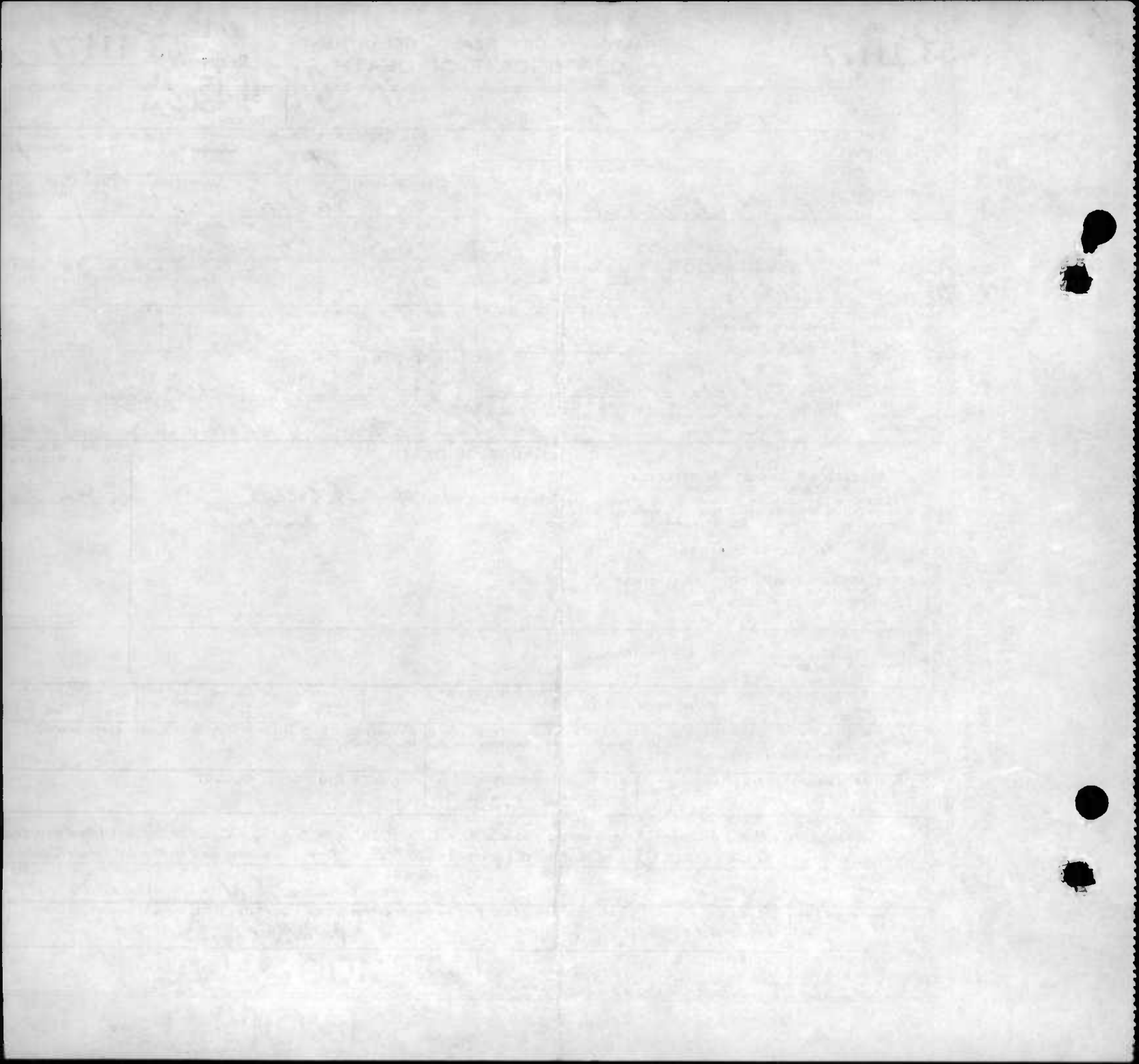
CLERK



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-425 53 11177		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11177	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Jane C. Olsson</i>		2. DATE OF DEATH <i>12/18/53 11:40 P.M.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Balto 27-09</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1551 Stonewood Rd.</i>		D. STREET ADDRESS (If rural, give location) <i>1551 Stonewood Rd.</i>		E. Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE-MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>10/28/1887</i>	9. AGE (In years last birthday) <i>66</i>	10. Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>Long Island City L.I.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Edmund J. Guthrie</i>		14. MOTHER'S MAIDEN NAME <i>Anna M. Muller</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>117-10810</i>		17. INFORMANT <i>Sorothy O. Norheim</i>	
18. <i>170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of left breast. (Inoperable.)</i>		CAUSE OF DEATH DUE TO (A) <i>Carcinoma of left breast. (Inoperable.)</i> (B) <i>✓</i> (C) <i>✓</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>✓</i>		20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>✓</i>			
19A. DATE OF OPERATION <i>None</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>✓</i>		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov. 15, 1953</i> , to <i>Dec. 18, 1953</i> , that I last saw the deceased alive on <i>Dec. 18 1953</i> , and that death occurred at <i>11:40 P.M.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Frank H. Oyster</i>		23B. ADDRESS <i>2701 N. Calvert St.</i>		23C. DATE SIGNED <i>Dec. 19, 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>12/19/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope</i>	
24D. LOCATION (City, town, or county) (State) <i>Westchester, N.Y.</i>		25. FUNERAL DIRECTOR <i>Wm. C. K. Inc. 1217 St. Paul St.</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 19 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			
VS 150					



R-523
53 11178BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11178

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES M. RINGSDORF

2. DATE
OF
DEATH

Dec. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1835 W. Lombard St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8/11/1875

9. AGE (In years last birthday)

78

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Practitioner

10B. KIND OF BUSINESS OR INDUSTRY

Christian Science

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Peter Ringsdorf Jr.

14. MOTHER'S MAIDEN NAME

Amelia Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Alma Ringsdorf 1835 W. Lombard St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Joseph A. Johnson M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

Dec. 18, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/21/53

24C. NAME OF CEMETERY OR CREMATORY

Balto

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

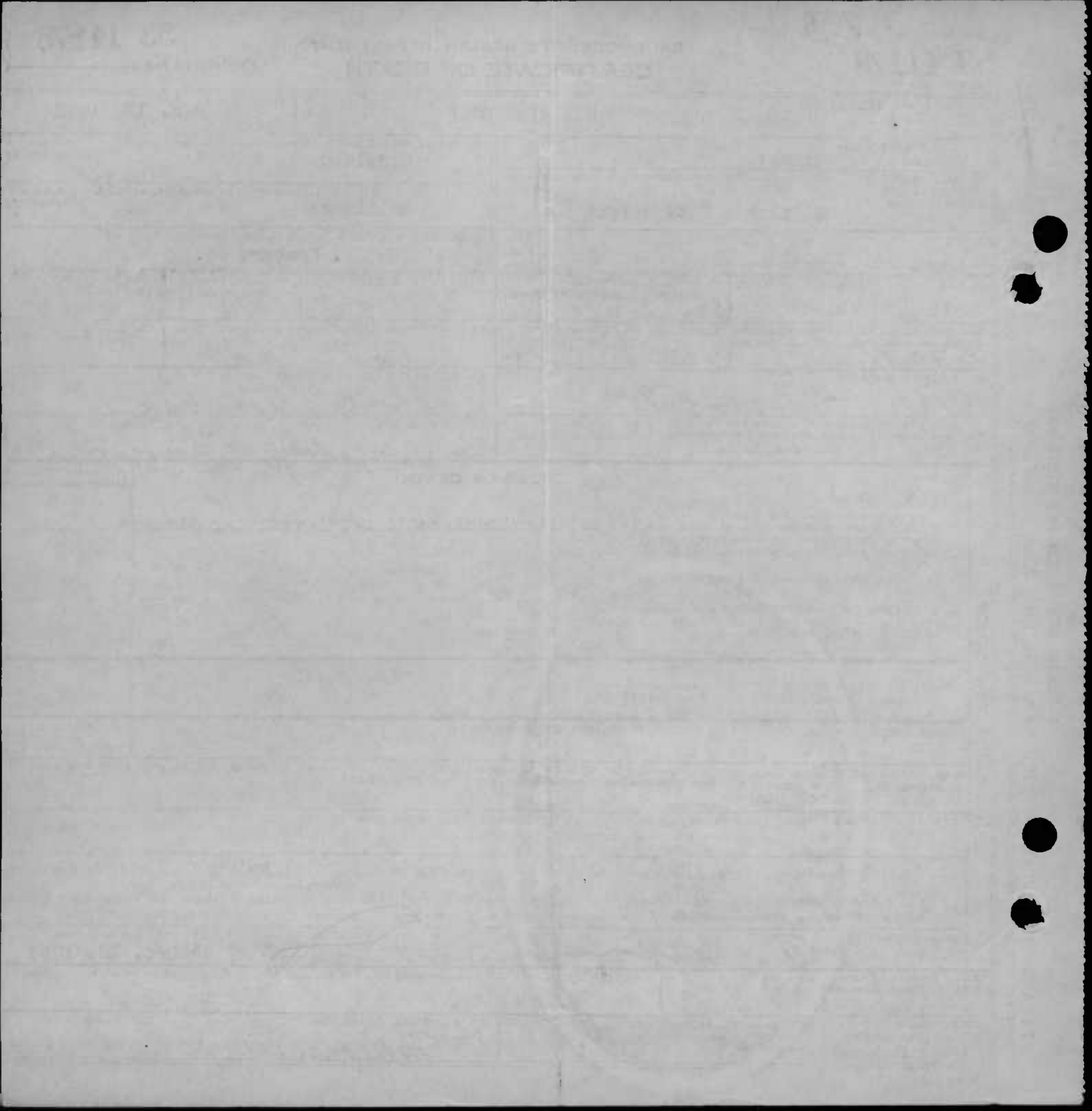
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc, 1217 St. Paul St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11179

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11179

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Ozman

2. DATE
OF
DEATH

Dec. 18-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1925 Harlem Ave. or 2029 Edmondson Ave.

c. Length of stay in Baltimore

12 days

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/31/1900

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Orderly

10B. KIND OF BUSINESS OR
INDUSTRY

Baltimore City Hospitals

11. BIRTHPLACE (State or foreign country)

Stevensville Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Ozman

14. MOTHER'S MAIDEN NAME

Ida Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
4940 Eastern Ave.
Records: Baltimore City Hospitals

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary Pleural Carcinoma with
Cerebral Metastasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-6, 1953, to 12-18, 1953 that I last saw the
deceased alive on 12-18, 1953, and that death occurred at 12.45 AM, from the causes and on the date stated above.

23A. SIGNATURE

John Ozman

23B. ADDRESS

M. D.

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

12-18-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/20/53

24C. NAME OF CEMETERY OR CREMATORY

Stevensville

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, Md. 1217 St. Paul St.

730-8T

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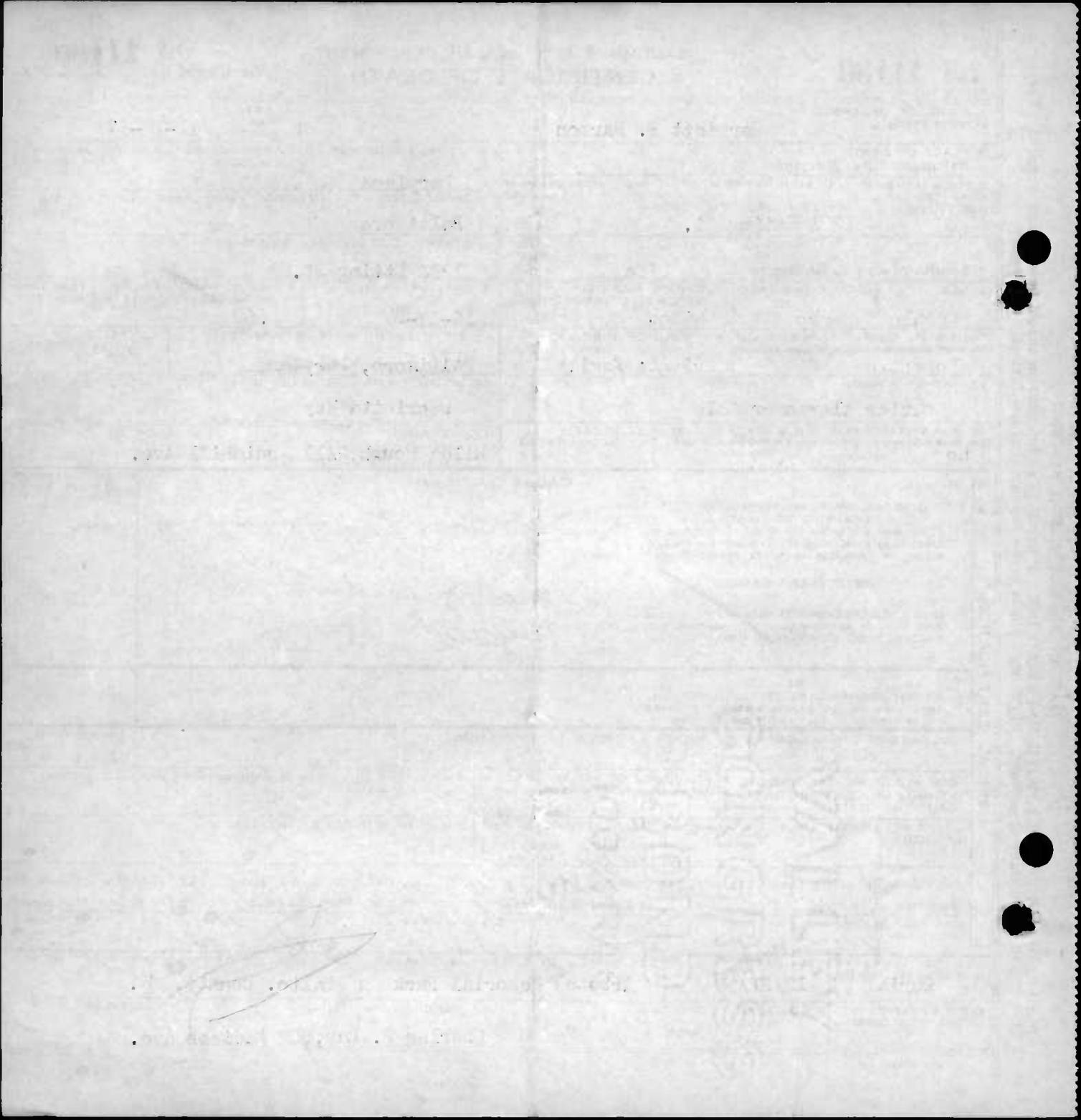
0111 8

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11180
Registered No.

53 11180

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Harriett B. Harmon			2. DATE OF DEATH 12-17-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1234 Etting St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1234 Etting St.		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 10-17-87		9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Private family	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Alexander Cole			14. MOTHER'S MAIDEN NAME Henrietta Key		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hilda Hough, 2411 Druidhill Ave.		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 2 hours		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis + Hypertension					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT <input type="checkbox"/> WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1-1953 to 12-17-1953 that I last saw the deceased alive on 12-17-1953 and that death occurred at 7:40 a.m. from the causes and on the date stated above.					
23A. SIGNATURE Robert S. Harmon		23B. ADDRESS 2222 Madison Key		23C. DATE SIGNED 12-17-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/21/53	24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park		24D. LOCATION (City, town, or county) (State) Balto. County, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 20 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS Charles R. Law, 802 Madison Ave.	



G-636

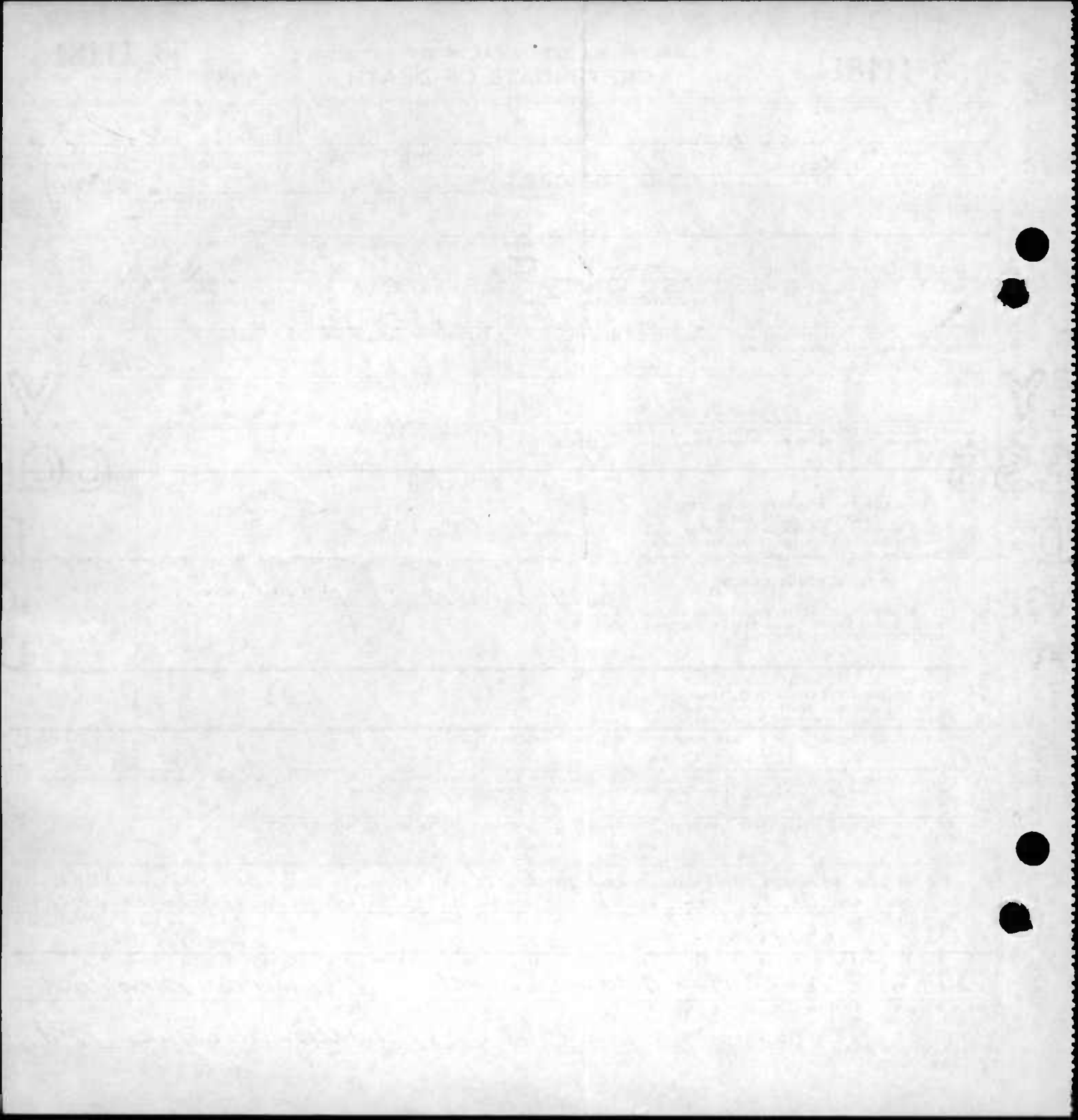
53 11181

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11181
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Clara Elwood Gartrell</i>		2. DATE OF DEATH <i>Dec 19 '53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Carroll</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>Westminster St. Rt #6</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>April 5 '1915</i>	9. AGE (In years last birthday) <i>38</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>owner</i>		11. BIRTHPLACE (State or foreign country) <i>MD</i>	
13. FATHER'S NAME <i>Thomas Gartrell</i>		14. MOTHER'S MAIDEN NAME <i>Edith Hess</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Wife</i> ADDRESS <i>Same</i>	
18. <i>211X</i>		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Uremia</i>			
ANTECEDENT CAUSES		(B) <i>Tumor of pancreas</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 18</i> , 19 <i>53</i> to <i>Dec 19</i> , 19 <i>53</i> that I last saw the deceased alive on <i>Dec 18</i> , 19 <i>53</i> and that death occurred at <i>6:25</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Mar. W. Schanz</i>		23B. ADDRESS <i>MD General Hospital</i>		23C. DATE SIGNED <i>Dec 19 '53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>12-22-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Morgan Chapel</i>	
24D. LOCATION (City, town, or county) <i>Carroll Co. Maryland</i>		25. FUNERAL DIRECTOR <i>G. M. Walz, Gaithersburg, Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 20 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS	

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10010



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11182

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Louis Washington Atkins

2. DATE
OF
DEATH

Dec. 19, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

a. STATE

b. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or location)

USPHS Hospital

Wyman Park & 31st Street

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

40 S. Kossuth St.

c. Length of stay in Baltimore

61 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jun. 25, 1892

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10b. KIND OF BUSINESS OR
INDUSTRY

unknown

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Louis Atkins

14. MOTHER'S MAIDEN NAME

Ida Agnes Sadler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

yes

(If yes, give war or dates of service)

WW - 1/1

16. SOCIAL
SECURITY NO.

unknown

17. INFORMANT

ADDRESS

Record- USPHS Hosp., Balto. 11, Md.

18. 161x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinomatosis

DUE TO

ANTECEDENT CAUSES

(B)

Carcinoma epidermoid larynx 2+ years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14, 1953, to 12/19, 1953 that I last saw the
deceased alive on 12/19, 1953, and that death occurred at 5:55A m., from the causes and on the date stated above.

23a. SIGNATURE

L. R. Mills, M.D.

23b. ADDRESS

USPHS Hosp., Balto., Md.

23c. DATE SIGNED

12/19/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

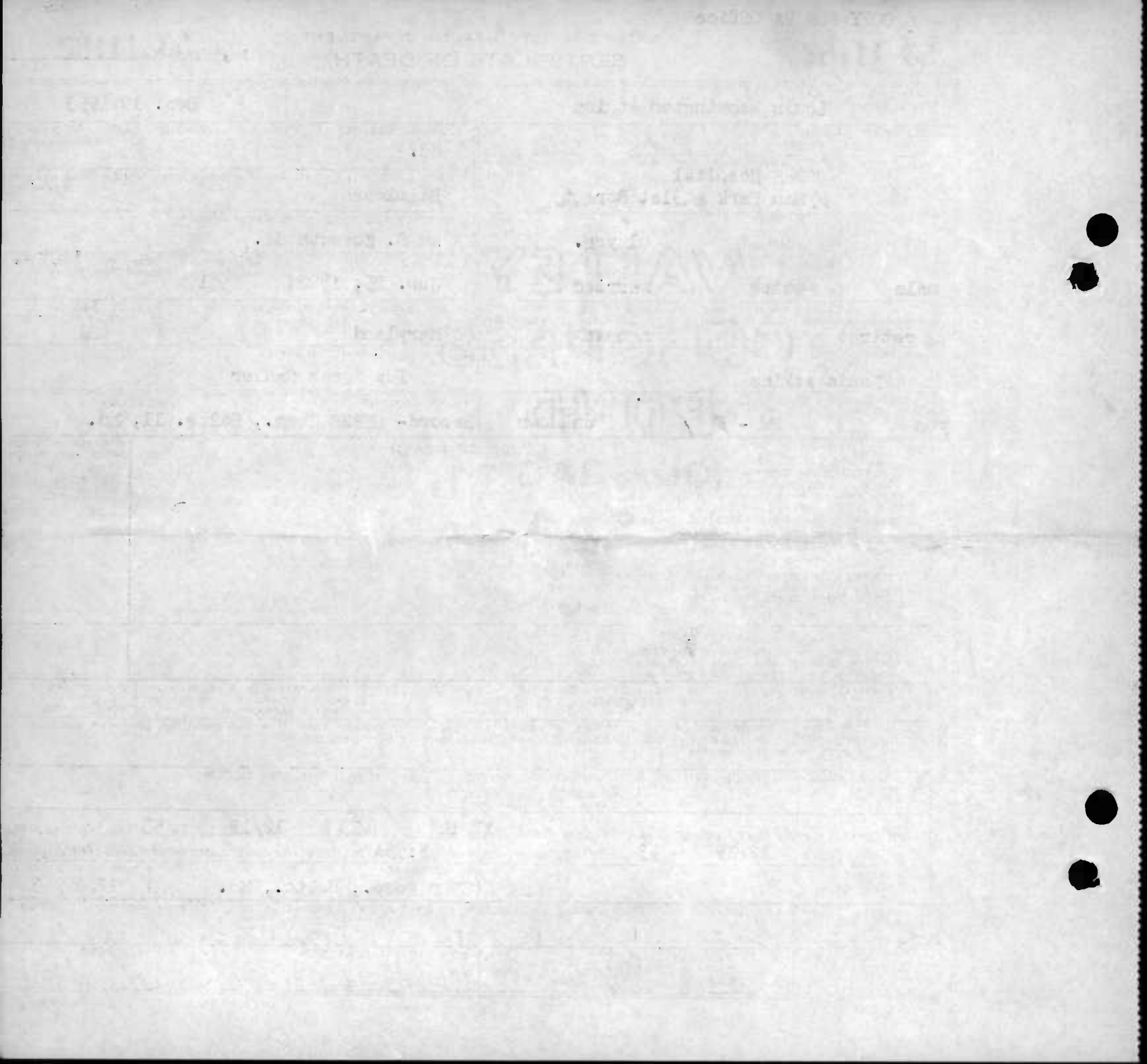
DEC 20 1953

H. E. Williams, M.D.

GEORGE L. Schwab 2101 Frederick Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11183

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11183

Registered No.

1. NAME OF DECEASED (Type or Print) MARIE E. LAWRENCE			2. DATE OF DEATH Dec. 17, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION Montebello State Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-11		
c. Length of stay in Baltimore Born & lived in Balt			d. STREET ADDRESS (If rural, give location) 3404 Calhoun Ave.		
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Sept. 18, 1889	9. AGE (In years last birthday) 64	10. Under 1 Year Months 3 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk.		10b. KIND OF BUSINESS OR INDUSTRY unk.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? US A.
13. FATHER'S NAME Lawrence Pierre Hayes			14. MOTHER'S MAIDEN NAME Mary E. Dobbin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unk.			16. SOCIAL SECURITY NO. unk.		
17. INFORMANT Hospital			ADDRESS		
18. 174 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of the uterus			CAUSE OF DEATH Carcinoma of the uterus		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 73 yrs.		
19a. DATE OF OPERATION 5/12/50		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED Hysterectomy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 30 , 1953 to Dec. 17 , 1953 that I last saw the deceased alive on Dec. 17 , 1953, and that death occurred at 12:30 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Daniel Rai		23b. ADDRESS Montebello Hospital		23c. DATE SIGNED 12/17/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 21, 1953		24c. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24d. LOCATION (City, town, or county) Baltimore Co., Md		24e. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24f. LOCATION (City, town, or county) Baltimore Co., Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 20 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Edna W. Conklin	
ADDRESS 224 E. Eager St					

1111

DEATH

RECEIVED

SECOND

CONGRES

WATLEY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11184
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

A. Louis Sohmer

2. DATE
OF
DEATH

12/19/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinar

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-12

D. STREET ADDRESS (If rural, give location)

3725 Park Heights Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

56

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Persia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sghman

14. MOTHER'S MAIDEN NAME

Bella

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bessie Sohmer - Same

18. E900.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Subdural hemorrhage; fracture
of SKULL; Contusion of
BRAIN.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

FRACTURE RT SHOULDER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

3725 Park Heights Ave

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY12 18 53 9³⁰ m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell down stairs

15/12

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. R. Fisher

M.O.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

12/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 12-20-53 United Hebrew

Baltimore Md

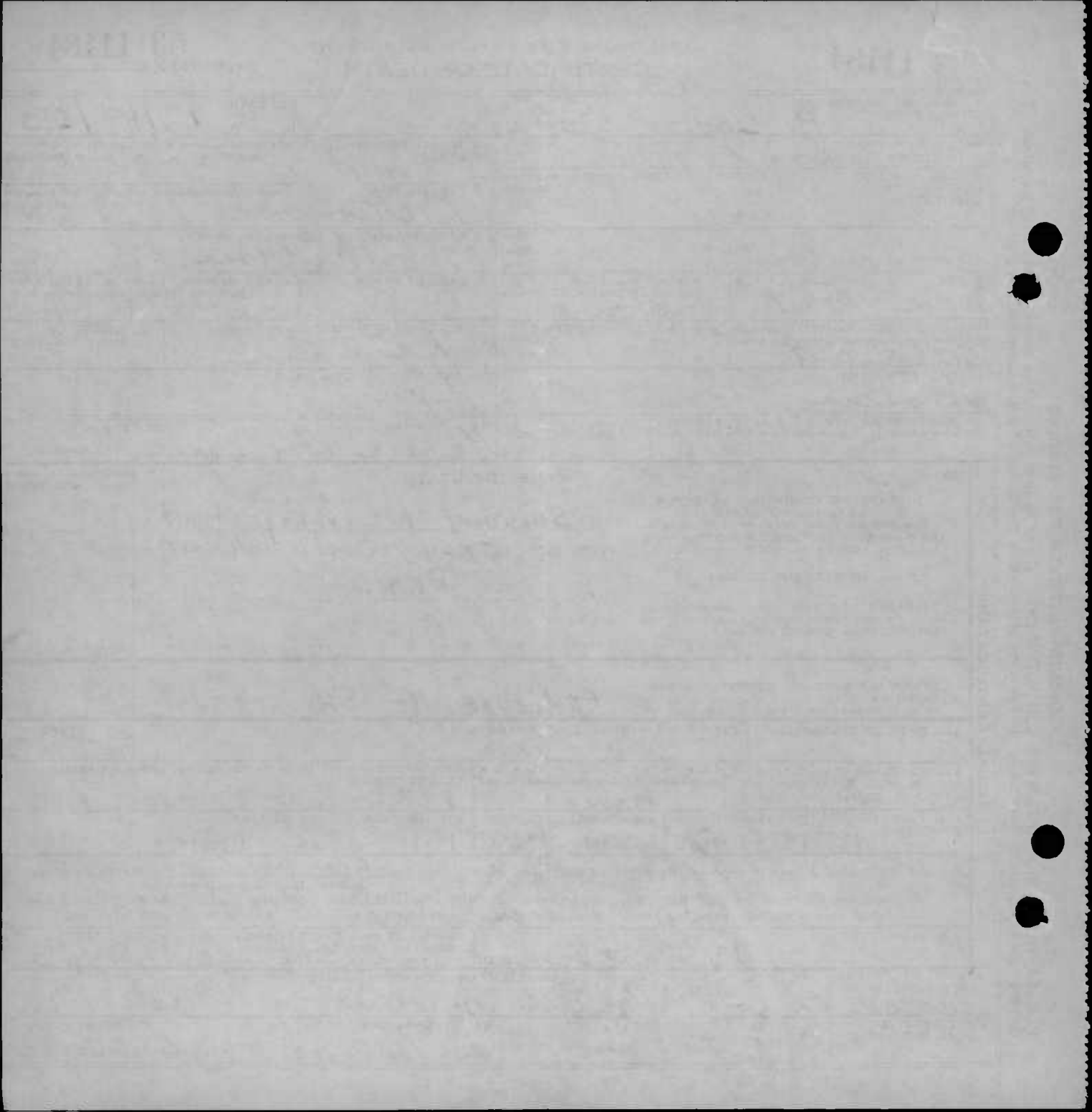
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 20 1953 Huntington Williams, Jr. Jack Lewis Ave 2100 Canton Pl



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-260

53 11185

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11185
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *William T. D. Fischer*

2. DATE OF DEATH *Dec-18-1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Mt. 3*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *MD* B. COUNTY

5. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

6. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

7. STREET ADDRESS (If rural, give location)
831 E. Belvedere Ave

8. DATE OF BIRTH *10-21-00*

9. AGE (In years last birthday) *53*

10. UNDER 1 Year Months: Days

11. UNDER 24 Hours Hours: Min.

12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *Nicholas Fischer*

14. MOTHER'S MAIDEN NAME *Margaret Ungemach*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. *217-18-0059*

17. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. *204.3* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *cerebral hemorrhage*

19. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *pancytopenia*

(C) *leukemia of unknown type*

20. INTERVAL BETWEEN ONSET AND DEATH
1+ days
2+ mo.
1+ yr.

21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *2*

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct 22, 1953*, to *Dec 18, 1953*, that I last saw the deceased alive on *Dec 18, 1953*, and that death occurred at *12* p.m., from the causes and on the date stated above.

23A. SIGNATURE *J. C. Dardell, Jr.*

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED *12/18/53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *Dec 21-1953*

24C. NAME OF CEMETERY OR CREMATORY *Strand Ridge*

24D. LOCATION (City, town, or county) (State) *Pikesville, Maryland*

DATE RECEIVED BY LOCAL REGISTRAR *DEC 20 1953*

REGISTRAR'S SIGNATURE *Heather Williams*

25. FUNERAL DIRECTOR ADDRESS *Burke Funeral Home 3631 Fells Road Anne F. Burke*

VS 150

04399

1185

DEPARTMENT OF THE ARMY

1185

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 260

HYSER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11186
Registered No.

53 11186
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY M. HYSER			2. DATE OF DEATH 12/17/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4506 Sarrows			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION COLONIAL NURSING HOME			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - Md 24-04		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 430E Randall St.		
5. SEX m.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/18/1872		9. AGE (In years last birthday) 81
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ironmoulder		10B. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Daniel Hyser			14. MOTHER'S MAIDEN NAME Sarah Mumbauer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. H. M. Hyser same	

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) Pulmonary Edema	DUE TO	2 days
	(B) Hypostatic Pneumonia	DUE TO	2 days
	(C) Arterio Sclerosis	DUE TO	6 mos

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
---	--	--

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 20th**, 19**53**, to **Dec 17**, 19**53**, that I last saw the deceased alive on **12/17**, 19**53**, and that death occurred at **8 A.** m., from the causes and on the date stated above.

23A. SIGNATURE D. J. White MD	23B. ADDRESS 1279 Williams St.	23C. DATE SIGNED 12/17/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/21/53	24C. NAME OF CEMETERY OR CREMATORY Cathedral
24D. LOCATION (City, town, or county) (State) Old Swedes R.	25. FUNERAL DIRECTOR ADDRESS 8 J. J. Adams & Sons 1318 E. 4th.	
DATE RECEIVED BY LOCAL REGISTRAR 12/21/53		
REGISTRAR'S SIGNATURE Thurston Williams		

0811 5

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

0811 5

NAME OF DECEASED		DATE OF BIRTH		PLACE OF BIRTH	
SEX		AGE		MARRIED	
OCCUPATION		EDUCATION		RELIGION	
CAUSE OF DEATH		MANNER OF DEATH		PLACE OF DEATH	
DATE OF DEATH		TIME OF DEATH		HOUR OF DEATH	
SIGNATURE OF REGISTRAR		SIGNATURE OF WITNESS		SIGNATURE OF DECEASED	
OFFICE OF THE REGISTRAR		OFFICE OF THE WITNESS		OFFICE OF THE DECEASED	
ALBANY, N. Y.		ALBANY, N. Y.		ALBANY, N. Y.	
0811 5		0811 5		0811 5	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11187
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINNIE ABRAMOVITZ

2. DATE
OF
DEATH

12/19/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

5-02

C. Length of stay in Baltimore

50 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

246 N. Exeter Street

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Female White

Divorced

1872

81

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Housewife

at home

Russia

USA.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Samuel Berman

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dora Klevr - 2814 Suffolk Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, apoplexy, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ARTERIO SCLEROTIC Cardio-
Vascular Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐23C. DATE SIGNED
12/20/5324A. BURIAL, CREMA-
TION (REMOVAL) (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/21/53

Shaare Zion

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 20 1953

Huntington Williams

Sol. Levinson - 1124-26 W.

V S 151

North Ave

205 PM

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11188

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD KUZEL

2. DATE
OF
DEATH

12/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2723 E. Biddle St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2723 E. Biddle St.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 25, 1882

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

John Kuzel

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Barbara Armstrong, sister, above

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

HYPERTENSIVE + ARTERIO-
SCLEROTIC HEART DISEASE

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
12/19/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hollister, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

11111

STATE OF NEW YORK

11111



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 11189	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO. 53-11189 53-16983					
1. NAME OF DECEASED (Type or Print) Stanley C. Celmer, Jr.				2. DATE OF DEATH December 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 5 mo.			D. STREET ADDRESS (If rural, give location) 459 Edgewater Apts. 5200		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 18, 1953		9. AGE (In years, last birthday) 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Stanley C. Celmer, Sr.			14. MOTHER'S MAIDEN NAME Laura Edwards		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Stanley C. Celmer (same)		
18. 491X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Bronchopneumonia, acute ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Gastroenteritis; Dehydration				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YEB <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 15, 1953 to Dec. 17, 1953, that I last saw the deceased alive on Dec. 17, 1953, and that death occurred at 11:00 pm., from the causes and on the date stated above.					
23A. SIGNATURE Carlos Fornes		23B. ADDRESS M. D. 1400 N. Caroline Street		23C. DATE SIGNED Dec. 18, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-21-53		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, town, or county) (State) Balts. Md.					
DATE RECEIVED BY LOCAL REGISTRAR DEC 20 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Christine L. Brudzinski 1407 Eastern Ave.	

BODY TAKEN BY

NAME

ADDRESS

DATE

N-235

53 11190

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11190
Registered No.

BIRTH NO. FRANCIS		1. NAME OF DECEASED (Type or Print) John Naughton, C.M.		2. DATE OF DEATH 12-20-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland The Seton Institute		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pennsylvania B. COUNTY V-35			
B. FULL NAME OF HOSPITAL OR INSTITUTION The Seton Institute		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Philadelphia, Pa.			
c. Length of stay in Baltimore 5 yrs, 3 mo, 12 da.		D. STREET ADDRESS (If rural, give location) 500 E. Chelton Ave., Germantown, Phila., Pa.			
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May 10, 1905	9. AGE (In years last birthday) 48	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) MASS.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Patrick Naughton		14. MOTHER'S MAIDEN NAME Bridget Walloby			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS (Seton Inst.) + Jos. J. Hayes - 108 E. Price St. - Penna. Germantown	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Coronary occlusion General arteriosclerosis		2 1/2	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) arterial hypertension		5 yrs	
		(C) renal arteriosclerosis		5 "	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypokalemia					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from December 19, 1948 to Dec. 19, 1953 , that I last saw the deceased alive on Dec. 19, 1953 , and that death occurred at 4:28 m., from the causes and on the date stated above.					
23A. SIGNATURE Walter O. Sakuma		23B. ADDRESS 4212 Pittsford Ave		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-23-53		24C. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery	
24D. LOCATION (City, town, or county) (State) Princeton - N. J.		25. FUNERAL DIRECTOR Stewart & Mowen Co. 108 W. North Ave.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 20 1953		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS City - 1	

00011 28

WASHINGTON, D.C. 20540
CENTRAL BUREAU OF INVESTIGATION

00011 28

FRANK

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 11191**

BIRTH NO. **53 11191**

1. NAME OF DECEASED (Type or Print) **LOUIS CARL HAST**

2. DATE OF DEATH **12/20/53.**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location) **Univ. Hosp.**

C. LENGTH OF STAY IN BALTIMORE **3/4** Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** **B. COUNTY** **Alle**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Pinto - Cumberland**

D. STREET ADDRESS (If rural, give location) **PO Box 1182**

5. SEX **M** **6. COLOR OR RACE** **W** **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)**

8. DATE OF BIRTH **10/5/00** **9. AGE (In years last birthday)** **53** **10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)** **Shipping Clerk** **11. BIRTHPLACE (State or foreign country)** **Maryland** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13. FATHER'S NAME **Harry E. Hast** **14. MOTHER'S MAIDEN NAME** **Blanche Jay**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **Yes** **16. SOCIAL SECURITY NO.** **214-05-8928** **17. INFORMANT** **Hospital Records** **ADDRESS**

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) **581.0 and 260x** **CAUSE OF DEATH** **Pulmonary Embolism** **INTERVAL BETWEEN ONSET AND DEATH** **?**

ANTECEDENT CAUSES **DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.** **(A) DUE TO** **Cerebral Thrombosis; Esophageal Varices, Measles, Stomach Ulcer?** **(B) DUE TO** **Arteriosclerosis, Diabetes Mellitus** **(C) DUE TO** **Brain tumor (type unknown)**

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **Unknown**

19A. DATE OF OPERATION **0** **19B. CONDITION FOR WHICH OPERATION WAS PERFORMED** **IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II** **20. AUTOPSY?** **YES** **NO**

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) **21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)** **21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK** **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Dec 1, 1953, to Dec 20, 1953, that I last saw the deceased alive on Dec 20, 1953, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE **23B. ADDRESS** **23C. DATE SIGNED** **12/20/53**

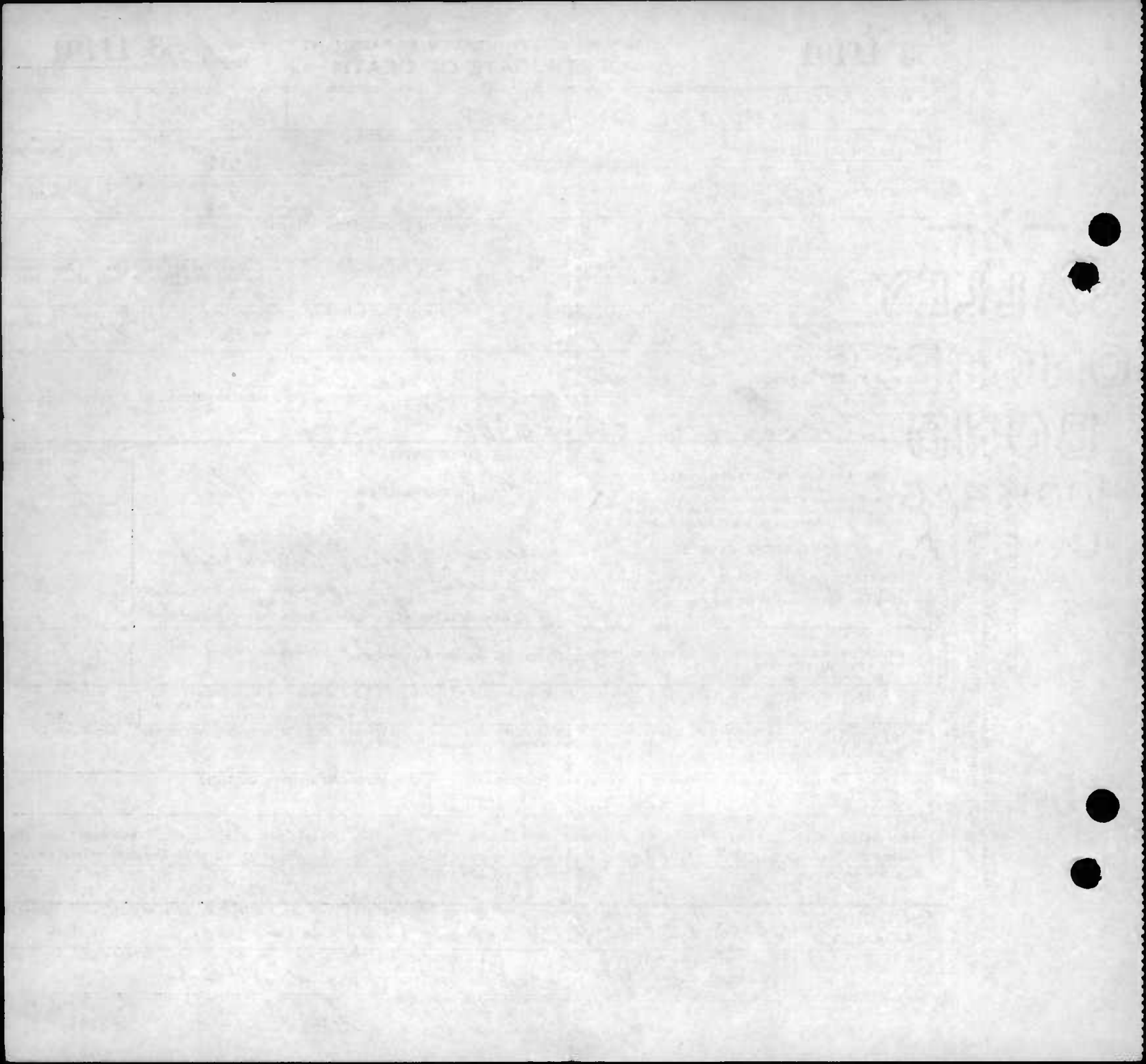
24A. BURIAL, CREMATION, REMOVAL (Specify) **24B. DATE** **24C. NAME OF CEMETERY OR CREMATORY** **24D. LOCATION (City, town, or county) (State)**

24A. **Buried** **24B.** **12/23/53** **24C.** **Bellevue Cemetery, Cumberland Md.** **24D.** **Cumberland Md.**

DATE RECEIVED BY LOCAL REGISTRAR **REGISTRAR'S SIGNATURE** **25. FUNERAL DIRECTOR** **ADDRESS**

DEC 20 1953 **Huntington Williams, M.D.** **John Trafer** **Cumberland Md.**

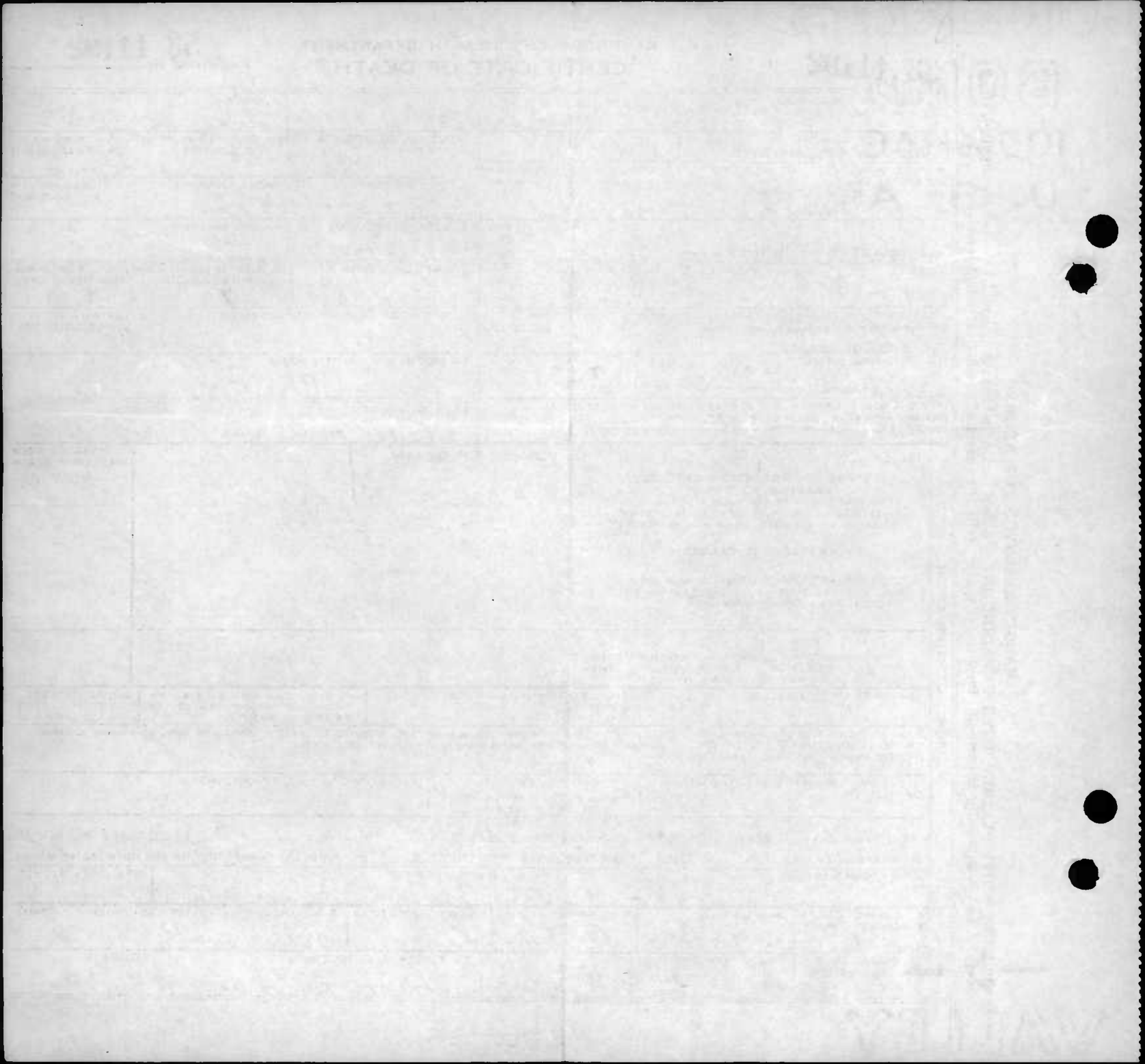
VS 150 **34235**



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-162		BALTIMORE CITY HEALTH DEPARTMENT		53 11192	
53 11192		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Katherine D. DeVries		2. DATE OF DEATH 12-18-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 38 University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Reisterstown			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) Nicodemus Rd. 5300			
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/18/1896	9. AGE (in years last birthday) 57	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME George W. Padgett		14. MOTHER'S MAIDEN NAME Emma Christ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Mrs FRANK M. Coleman	
18. 420.1		CAUSE OF DEATH		ADDRESS Reisterstown-MD	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH Approx. 2 days	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-17, 1953, to 12-18, 1953, that I last saw the deceased alive on 12-18, 1953, and that death occurred at 9 ⁰⁵ a. m., from the causes and on the date stated above.					
23A. SIGNATURE L. C. Richmond, M. D.		23B. ADDRESS University Hospital		23C. DATE SIGNED 12-18-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-21-1953		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) Baltimore Co		24E. STATE Md			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE H. H. Howard		25. FUNERAL DIRECTOR ADDRESS 3207 W. North Ave	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-355
53 11193

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. *Butler*
53 11193

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Sabina Edmondson</i>		2. DATE OF DEATH <i>Dec. 17, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>39 Prov. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore Yrs. <i>39</i> Mos. <i>16</i> Days <i>1</i>		D. STREET ADDRESS (If rural, give location) <i>6027 N. Carrollton Ave.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 16, 1883</i>	9. AGE (In years last birthday) <i>70</i>	10. Under 1 Year Months <i>1</i> Days <i>1</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Prov. Family</i>		11. BIRTHPLACE (State or foreign country) <i>Charles Co. Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>Henry Clay Short</i>		14. MOTHER'S MAIDEN NAME <i>Catherine E. Short</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>6027 N. Carrollton Ave.</i>		17. INFORMANT <i>Mr. Richard Edmondson</i>	
18. <i>434.3 and 260</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cardiac Hypertrophy</i>			
ANTECEDENT CAUSES		(B) <i>Yoshi - nuke</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Intestinal Adhesions</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>Dec 17, 1953</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4:30</i> to <i>Dec 17, 1953</i> , that I last saw the deceased alive on <i>12/17</i> , 1953, and that death occurred at <i>10:4</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. B. Butler</i>		23B. ADDRESS <i>2038 S. Hill Ave</i>		23C. DATE SIGNED <i>12/20/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 21, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Catholic Baltimore, Md</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams, Jr</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 21 1953</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr</i>			
VS 150		7208A			

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

1001

ST. LOUIS, MO.

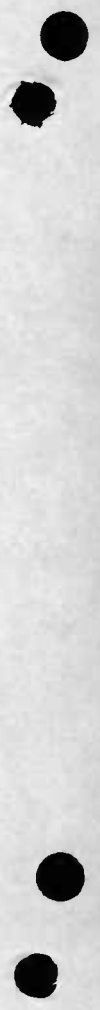
1911

Dear Sirs:

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above matter.

I am sorry that I cannot give you a more definite answer at this time, but I am sure that you will understand the necessity of this delay.

I am, Sir, very respectfully,
Yours,
J. H. [Name]



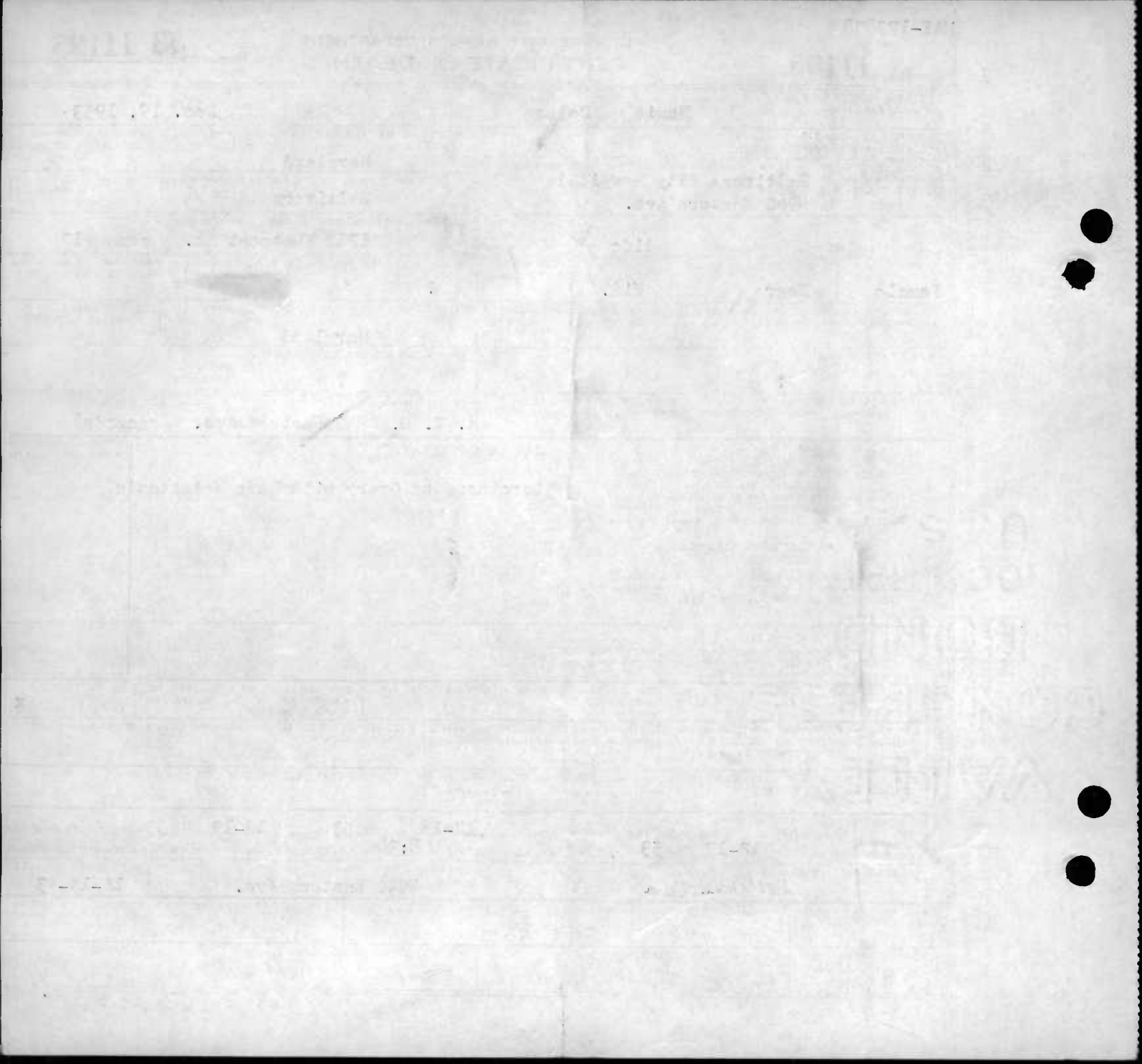
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAF-177838
53-420
53 11195BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11195

BIRTH NO. 53 11195		1. NAME OF DECEASED (Type or Print) Mamie Coles		2. DATE OF DEATH Dec. 19, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 31 Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-02			
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 1211 Whatcoat St. zone #17			
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH 1 1897		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)	
18. 175X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Carcinoma of Ovary with Lung Metastasis DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-18, 1953 to 12-19, 1953 that I last saw the deceased alive on 12-19, 1953, and that death occurred at 8:30a.m., from the causes and on the date stated above.					
23A. SIGNATURE H. John Doe		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 12-19-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-21-53		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) (State) md		25. FUNERAL DIRECTOR Huntington Williams, George S. Nelson		ADDRESS 1303 Prestman St	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11196

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11196
Registered No.

1. NAME OF DECEASED (Type or Print) PETER SPEED			2. DATE OF DEATH 12/18/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTO		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSP. INC.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTI. 14-02		
c. Length of stay in Baltimore 49 years?			D. STREET ADDRESS (If rural, give location) 1401 MADISON AVE.		
5. SEX M	6. COLOR OR RACE COL	7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 4/1/83	9. AGE (In years last birthday) 70	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) JAMAICA		12. CITIZEN OF WHAT COUNTRY? ?
13. FATHER'S NAME J. George SPEED			14. MOTHER'S MAIDEN NAME Margaret ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 212-18-8992	17. INFORMANT ADDRESS		
18. 560.4 and 023X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uncontrolled hiccuping + Diaphragmatic hernia ?			CAUSE OF DEATH Uncontrolled hiccuping + Diaphragmatic hernia ?		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH 2 weeks		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. SYPHILETIC HEART DISEASE ?					
19A. DATE OF OPERATION 12-10, 1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Uncontrolled hiccuping		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/28/53 , 19__, to 12/18/53 , 19__, that I last saw the deceased alive on 12/18/53 , 19__, and that death occurred at 1:00 a.m., from the causes and on the date stated above.					
23A. SIGNATURE George Henry Berh		23B. ADDRESS Mercy Hosp. Inc.		23C. DATE SIGNED 12/18/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-22-53		24C. NAME OF CEMETERY OR CREMATORY John Wesley Cem.	
24D. LOCATION (City, town, or county) Aquasco md		24E. NAME OF FUNERAL DIRECTOR George S. Talson		24F. ADDRESS 7546 M 1303 Prentman St	
DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1953		REGISTRAR'S SIGNATURE Huntington Williams		FUNDAL DIRECTOR'S SIGNATURE George S. Talson	

1911 28

1911 28

1911 28



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11197

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 11197

1. NAME OF DECEASED
(Type or Print)

Ramon Sneed

2. DATE
OF
DEATH

12-18-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

1625 N. Monroe St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

15-02

D. STREET ADDRESS (If rural, give location)

1625 N. Monroe St

c. Length of stay in Baltimore

20

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

9-10-17

9. AGE (In years,
last birthday)

36

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Snow Hill Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Gordon Laws

14. MOTHER'S MAIDEN NAME

Sarah Nelson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bessie Sneed 1625 Monroe

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute myocarditis

1 day

ANTECEDENT CAUSES

DUE TO

(B)

Lobar Pneumonia

10 days

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13, 1953, to 12-18, 1953, that I last saw the
deceased alive on 12-18, 1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Wes. de Roy Berry

M. D.

23B. ADDRESS

1420 G. Chase St.

23C. DATE SIGNED

12-19-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-22-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Balto City Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

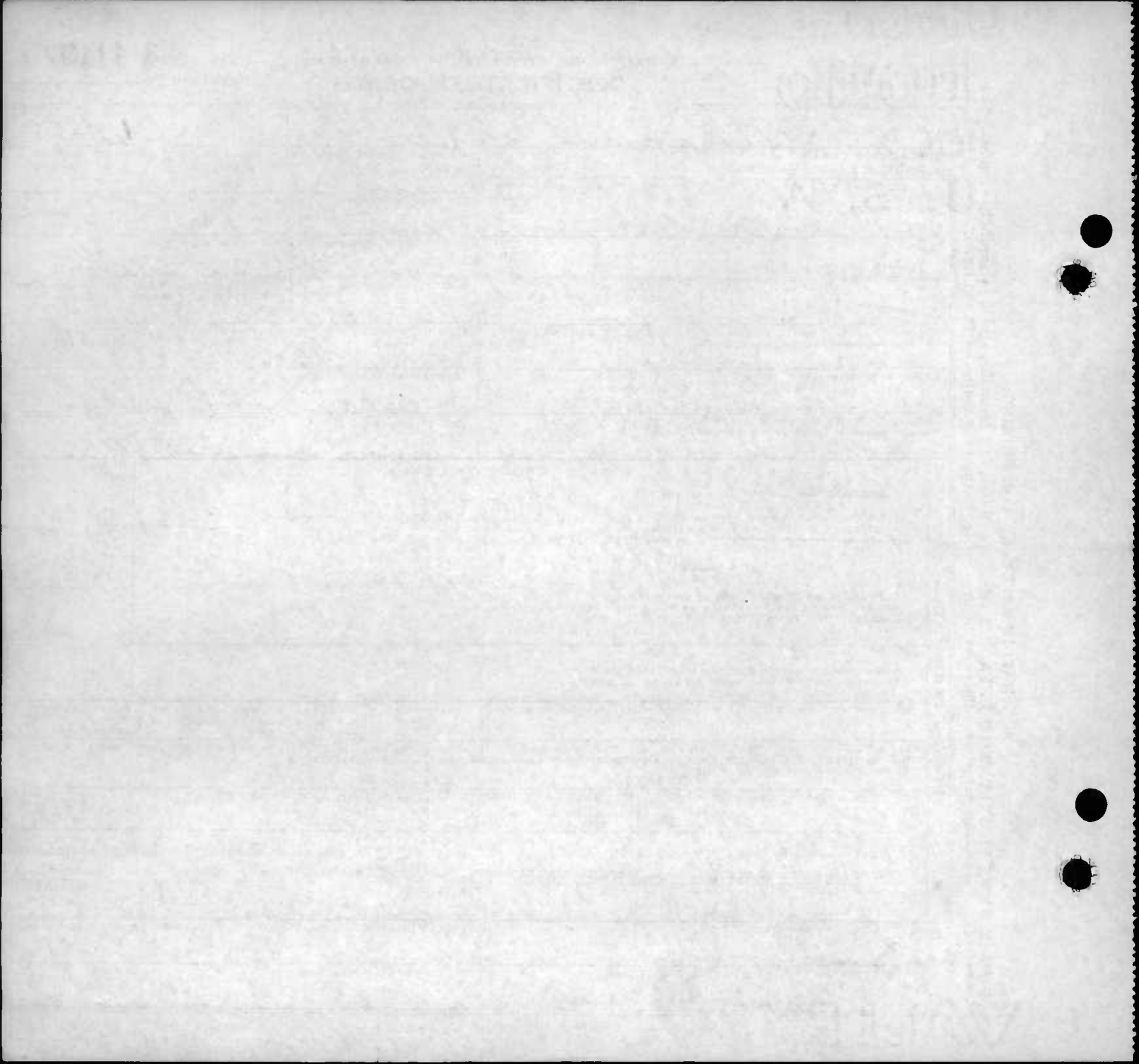
25. FUNERAL DIRECTOR

ADDRESS

Samuel W. Sullivan, Jr.

1011 N. Arlington Ave

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 11198BIRTH NO. 53 11198

1. NAME OF DECEASED (Type or Print) <u>LOVETT, ANNIE</u>			2. DATE OF DEATH <u>Dec. 20, 1953</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <u>MT SINAI NURSING HOME</u> <u>60 4613 Park Hgts Ave, Balto.</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u> <u>15-12</u>		
c. Length of stay in Baltimore Yrs. <u>—</u> Mos. <u>—</u> Days <u>—</u>			d. STREET ADDRESS (If rural, give location) <u>2806 Norfolk Ave.</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1876</u>	9. AGE (In years last birthday) <u>77</u>	If Under 1 Year Months: <u>—</u> Days: <u>—</u> If Under 24 Hours Hours: <u>—</u> Min: <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Russia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Jacob Caplan</u>		
14. MOTHER'S MAIDEN NAME <u>Kaplan Badana</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		
16. SOCIAL SECURITY NO. <u>—</u>			17. INFORMANT ADDRESS <u>Sm - Wm. Lovett 2056 Linden Ave.</u>		

18. <u>420.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <u>Coronary thrombosis</u>			<u>3 yrs</u>
DUE TO			
(B) <u>Arteriosclerotic heart disease</u>			<u>Over 3 yrs.</u>
DUE TO			
(C) <u>—</u>			

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Nme

19a. DATE OF OPERATION <u>Nme</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>—</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>—</u> 1953 to <u>Dec. 13</u> , 1953, that I last saw the deceased alive on <u>Dec. 12</u> , 1953, and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. J. J. Smith</u>		23b. ADDRESS <u>1214 N. CALVERT ST.</u>		23c. DATE SIGNED <u>Dec 20, 1953</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosedale</u>	24d. LOCATION (City, town, or county) (State) <u>Balto</u> <u>Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 21 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	
25. FUNERAL DIRECTOR <u>Frederick Lewis</u>		ADDRESS <u>2100 Outland Pl</u>	

CONFIDENTIAL

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 11/18/01 BY 1043

CONFIDENTIAL

CONFIDENTIAL

ACT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11199 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *James Ray*

2. DATE OF DEATH *Dec. 18, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *0822*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE *md* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) *Baltimore 17-02*

D. STREET ADDRESS (If rural, give location) *621 Dolphin St.*

c. Length of stay in Baltimore *Life* Yrs. Mos. Days

5. SEX *male* 6. COLOR OR RACE *Colored* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *married*

8. DATE OF BIRTH *3-19-1898* 9. AGE (In years last birthday) *55* 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Porter* 10B. KIND OF BUSINESS OR INDUSTRY *-*

11. BIRTHPLACE (State or foreign country) *Baltimore Md* 12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *James Ray - md* 14. MOTHER'S MAIDEN NAME *Emma Hopkins - md*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *unknown* (If yes, give year or dates of service)

16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. *154X* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) *Carcinoma of the rectum.* (A) DUE TO

ANTECEDENT CAUSES (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) *No* 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY *m.* 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

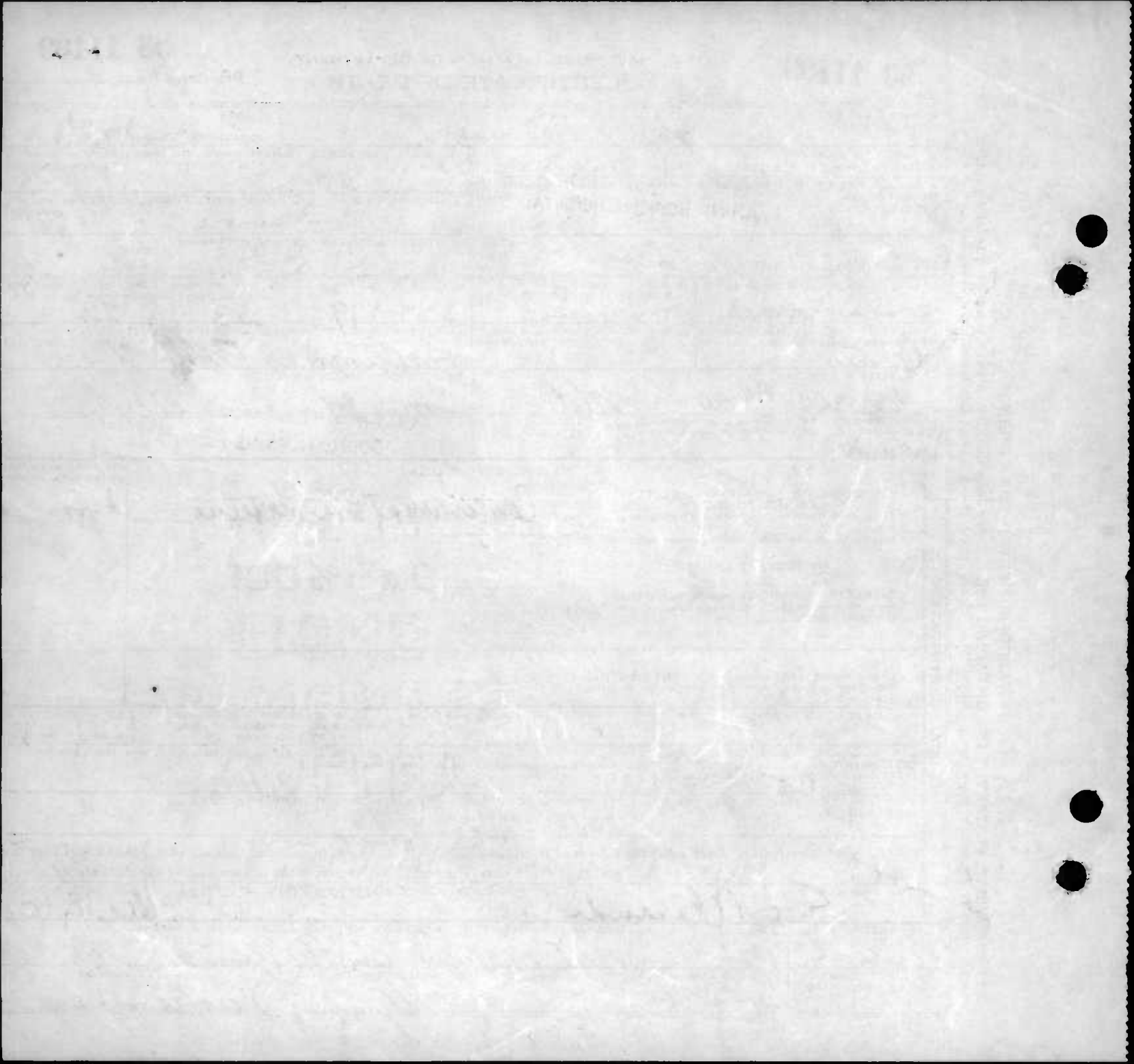
22. I hereby certify that I attended the deceased from *12/15, 1953* to *12/18, 1953* that I last saw the deceased alive on *12/18, 1953* and that death occurred at *5:00 A.M.* from the causes and on the date stated above.

23A. SIGNATURE *E. L. Alexander* M. D. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *Dec. 18, 1953*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *12/21/53* 24C. NAME OF CEMETERY OR CREMATORY *MT. Auburn cm Baltimore Md* 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR *DEC 21 1953* REGISTRAR'S SIGNATURE *H. J. Williams* 25. FUNERAL DIRECTOR ADDRESS *W. J. Williams & Jackson Penna*

VS 150 780 99



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11200
Registered No.53 11200
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles Johnson</i>			2. DATE OF DEATH <i>12-19-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-07</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>321 N. Monastery ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>Dec 15, 1886</i>		9. AGE (In years last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Manager</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>American Stores</i>		11. BIRTHPLACE (State or foreign country) <i>Lexington, Va</i>	
13. FATHER'S NAME <i>Lepron Johnson</i>		14. MOTHER'S MAIDEN NAME <i>Mary E. Burrell</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>213-03-3549</i>		17. INFORMANT <i>Mrs. Lyle Johnson</i>	
				ADDRESS <i>321 Monastery</i>	

18. <i>331X</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Cerebral Hemorrhage</i>	<i>72 hours</i>	
ANTECEDENT CAUSES	(B) <i>Hypertension and arterio-sclerosis</i>	<i>5 years</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May*, 1953, to *Dec.*, 1953, that I last saw the deceased alive on *12-19*, 1953, and that death occurred at *8:25* p. m., from the causes and on the date stated above.

23A. SIGNATURE
Morris W. Stemberg

23B. ADDRESS
410 N. Hilton St

23C. DATE SIGNED
Dec. 20, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
Dec 21/53

24C. NAME OF CEMETERY OR CREMATORY
Woodlawn

24D. LOCATION (City, town, or county) (State)
Beth. Md

DATE RECEIVED BY LOCAL REGISTRAR
DEC 21 1953

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR
Spens 5025 Park Heights Ave

ADDRESS
2906A

Morris
4509 Steinberg
Forest Park Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 11201BIRTH NO. 53 11201

1. NAME OF DECEASED (Type or Print) EARNEST L. CARROLL			2. DATE OF DEATH 12/18/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland 411 N. Poppleton			B. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE md		
B. FULL NAME OF HOSPITAL OR INSTITUTION university hosp			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 18-01		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 411 N. Poppleton St		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-22-1889-64		9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Balto		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Carroll			14. MOTHER'S MAIDEN NAME Lettie Holmes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT			ADDRESS		

18. **151X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **CARCINOMA OF STOMACH**
DUE TO**9 mo**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **INSPECTION** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE **J. R. Fisher**23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED **12/19/53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE **12/22/53**24C. NAME OF CEMETERY OR CREMATORY **Balto. Natinal**24D. LOCATION (City, town, or county) **Balto**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE **William H. Williams**

25. FUNERAL DIRECTOR

ADDRESS

MEMO

STATE OF NEW YORK

MEMO



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-622

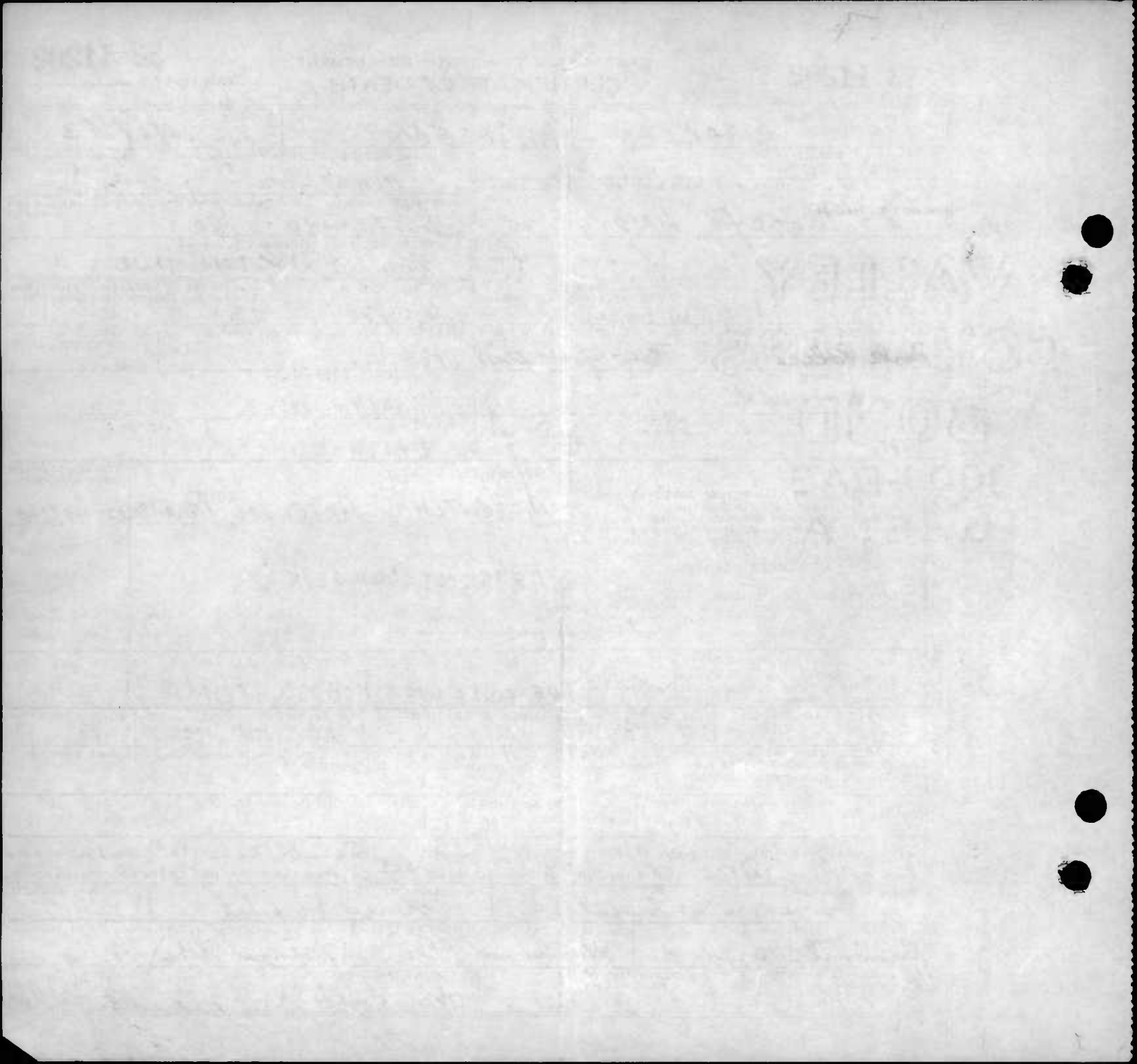
53 11202 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11202 Registered No.

1. NAME OF DECEASED (Type or Print) CHARLES VARGESEN		2. DATE OF DEATH 12/17/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 13-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE - MD.	
c. Length of stay in Baltimore 6 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 806 NEWINGTON AVE.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 6/13/70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Police		10B. KIND OF BUSINESS OR INDUSTRY New York State	9. AGE (In years last birthday) 83
13. FATHER'S NAME UNKNOWN		11. BIRTHPLACE (State or foreign country) PENNA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO. -		14. MOTHER'S MAIDEN NAME UNKNOWN.	
17. INFORMANT DECEASED		ADDRESS	
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MESENTERIC ARTERIAL THROMBOSIS DUE TO ARTERIOSCLEROSIS ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. AURICULAR FIBRILLATION		INTERVAL BETWEEN ONSET AND DEATH 174	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 12/2 19 53 , to 12/17 19 53 , that I last saw the deceased alive on 12/17 19 53 , and that death occurred at 8:15 m., from the causes and on the date stated above.			
23A. SIGNATURE James R. Trope		23B. ADDRESS Mercy Hospital	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 12/21/53	
24C. NAME OF CEMETERY OR CREMATORY Watkins Glen		24D. LOCATION (City, town, or county) (State) Watkins Glen, N. Y.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1953		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul St	

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11203
Registered No.

53 11203

BIRTH NO.

53-30672

1. NAME OF DECEASED (Type or Print)			ELVA M. SANFORD			2. DATE OF DEATH Dec. 18, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hosp.						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-33		
c. Length of stay in Baltimore Yrs. Mos. Days						D. STREET ADDRESS (If rural, give location) 2421 Wilgray Court		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec. 12, 1953		9. AGE (In years last birthday) 6		10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10B. KIND OF BUSINESS OR INDUSTRY --			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME W. George Sanford						14. MOTHER'S MAIDEN NAME Mildred Stamper		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --			16. SOCIAL SECURITY NO. --			17. INFORMANT ADDRESS W. George Sanford, 2421 Wilgray Court		

18. 763.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Interstitial pneumonitis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph P. Jachimowski M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 18, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/21/53		24C. NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street	

1951

CERTIFICATE OF DEATH



NAME OF DECEASED



H625

53 11204

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11204

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Allen M. Harrison

2. DATE
OF
DEATH

Dec. 17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

D.O.A. Lutheran Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

708 N. Augusta Ave.

c. Length of stay in Baltimore 28 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 25, 1904

9. AGE (in years

last birthday)

49

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Division Manager

10B. KIND OF BUSINESS OR

INDUSTRY

Balto. Transit Co. Md.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Emory Harrison

14. MOTHER'S MAIDEN NAME

Hattie Buckingham

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Nellie G. Harrison, 708 N. Augusta Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Congestive Heart Failure

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 30, 1953 to Nov 30, 1953 that I last saw the
deceased alive on Nov 30, 1953, and that death occurred at 3:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 21/53

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Memorial Pk. Dorsey, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 21 1953

Huntington Williams, M.D.

Harry F. Hutz

4101 Edmondson Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

(1901)

DATE OF DEATH

PLACE OF DEATH

DECEASED

RESIDENT OF BALTIMORE

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

DIAGNOSIS

DATE OF EXAMINATION

PLACE OF EXAMINATION

DEATH OF DECEASED

DEATH OF DECEASED

DEATH OF DECEASED

DEATH OF DECEASED

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DEATH OF DECEASED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-157794 W-425		BALTIMORE CITY HEALTH DEPARTMENT		53 11205	
BIRTH NO. 53 11205		CERTIFICATE OF DEATH		Registered No. 53 11205	
1. NAME OF DECEASED (Type or Print) James Wilson			2. DATE OF DEATH Dec. 18-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03		
c. Length of stay in Baltimore 1 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 211 E. 25th. St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 28-1896	9. AGE (In years last birthday) 57	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator		10B. KIND OF BUSINESS OR INDUSTRY Own Business	11. BIRTHPLACE (State or foreign country) Michigan		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Wilson			14. MOTHER'S MAIDEN NAME Rose		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 217 07 7323	17. INFORMANT 4940 Eastern Ave. ADDRESS Records: Baltimore City Hospitals		
18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lozar Pneumonia R M L. RLL organism unknown			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Calcific Aortic Aortic stenosis					
II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-17- , 1953, to 12-18- , 1953 that I last saw the deceased alive on 12-18- , 1953, and that death occurred at 4.20AM. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 12-18-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 21/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.					
DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Harry [Signature]	
ADDRESS 4101 Edmondson Ave.					
VS 150 2906G					

10-10-53

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10-10-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 11206

10
53 11206
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Eugene J. Curley

2. DATE
OF
DEATH

12-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

20-05

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

2121 McHenry St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 1, 1890

9. AGE (In years
last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

Railway Express

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Owen Curley

Agency

14. MOTHER'S MAIDEN NAME

Annie Harvey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Janie D. Curley, 2121 McHenry St

18. E900.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Injury

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

STREET

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

2121 McHenry St. 20/5

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

December 12, 1953

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

his home.

Fell down steps while trying to enter

22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

12-19-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 22/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

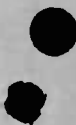
4101 Edmondson Ave.

VS 151

N 856.2

68350

<p>1. Name of deceased</p>		<p>2. Date of death</p>	
<p>3. Place of death</p>		<p>4. Cause of death</p>	
<p>5. Name of informant</p>		<p>6. Signature of informant</p>	
<p>7. Name of registrar</p>		<p>8. Signature of registrar</p>	
<p>9. Name of medical officer</p>		<p>10. Signature of medical officer</p>	
<p>11. Name of coroner</p>		<p>12. Signature of coroner</p>	
<p>13. Name of police officer</p>		<p>14. Signature of police officer</p>	
<p>15. Name of witness</p>		<p>16. Signature of witness</p>	
<p>17. Name of registrar</p>		<p>18. Signature of registrar</p>	
<p>19. Name of medical officer</p>		<p>20. Signature of medical officer</p>	
<p>21. Name of coroner</p>		<p>22. Signature of coroner</p>	
<p>23. Name of police officer</p>		<p>24. Signature of police officer</p>	
<p>25. Name of witness</p>		<p>26. Signature of witness</p>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11208

BIRTH NO.

53-31233

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11208

1. NAME OF DECEASED
(Type or Print)

BABY BOY LYONS

2. DATE
OF
DEATH

12-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

34 Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. STATE B. COUNTY before admission)

MD BALTO

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE, 27 5300

D. STREET ADDRESS (If rural, give location)

5511 Ashbourne RD.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12-19-53

9. AGE (In years
last birthday)H Under 1 Year
Months Days H Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Lyons

14. MOTHER'S MAIDEN NAME

RUTH PICKETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles Lyons

18. 762.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-19, 1953, to 12-19, 1953, that I last saw the
deceased alive on 12-19, 1953, and that death occurred at 7:05 p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. C. Knight

23B. ADDRESS

M. D.

Bon Secours Hosp.

23C. DATE SIGNED

12/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-21-1953

24C. NAME OF CEMETERY OR CREMATORY

Inwoodridge Memorial

24D. LOCATION (City, town, or county)

Ind.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 21 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Robt. C. & Beulah Walters

ADDRESS

Pratt & Stricker Sts. City.

VS 150

MALLEY
CONGRESS
BOND
100% PAC
U.S.A.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-452

53 11209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 11209

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Sarah J. Williams*

2. DATE OF DEATH *Dec. 17, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore*

6. FULL NAME OF HOSPITAL OR INSTITUTION *215 N. Gilmore St.*

7. STREET ADDRESS (If rural, give location) *215 N. Gilmore St.*

8. Length of stay in Baltimore *20 years*

9. SEX *Female*

10. COLOR OR RACE *Colored*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widow*

12. DATE OF BIRTH *July 5, 1895*

13. AGE (In years last birthday) *58*

14. Under 1 Year Months Days

15. Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Domestic*

17. KIND OF BUSINESS OR INDUSTRY *Domestic*

18. BIRTHPLACE (State or foreign country) *Charleston, S.C.*

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME *Unknown*

21. MOTHER'S MAIDEN NAME *Unknown*

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

23. SOCIAL SECURITY NO.

24. INFORMANT *Cora S. Agate*

25. ADDRESS *215 N. Gilmore St.*

26. CAUSE OF DEATH

27. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) *Cerebral Hemorrhage*

28. ANTECEDENT CAUSES

29. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. *Hypertension*

30. INTERVAL BETWEEN ONSET AND DEATH *8 hrs*

31. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

32. 19A. DATE OF OPERATION *0*

33. 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

34. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

35. 20. AUTOPSY? YES ☐ NO ☐

36. 21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

37. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

38. 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

39. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

40. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

41. 21F. HOW DID INJURY OCCUR?

42. I hereby certify that I attended the deceased from *12/6/53*, 19, to *12/17/53*, 19, that I last saw the deceased alive on *12/14*, 19, and that death occurred at *3:00 p.m.*, from the causes and on the date stated above.

43. 23A. SIGNATURE *Wm. C. Carr*

44. 23B. ADDRESS *253 G St.*

45. 23C. DATE SIGNED *12/21/53*

46. 24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

47. 24B. DATE *Dec. 21, 1953*

48. 24C. NAME OF CEMETERY OR CREMATORY *Wm. C. Carr*

49. 24D. LOCATION (City, town, or county) (State) *Baltimore, Md.*

50. DATE RECEIVED BY LOCAL REGISTRAR *DEC 21 1953*

51. REGISTRAR'S SIGNATURE *Huntington Williams*

52. 5. FUNERAL DIRECTOR *David Will Ave.*

VS 150

7208A

33 11340

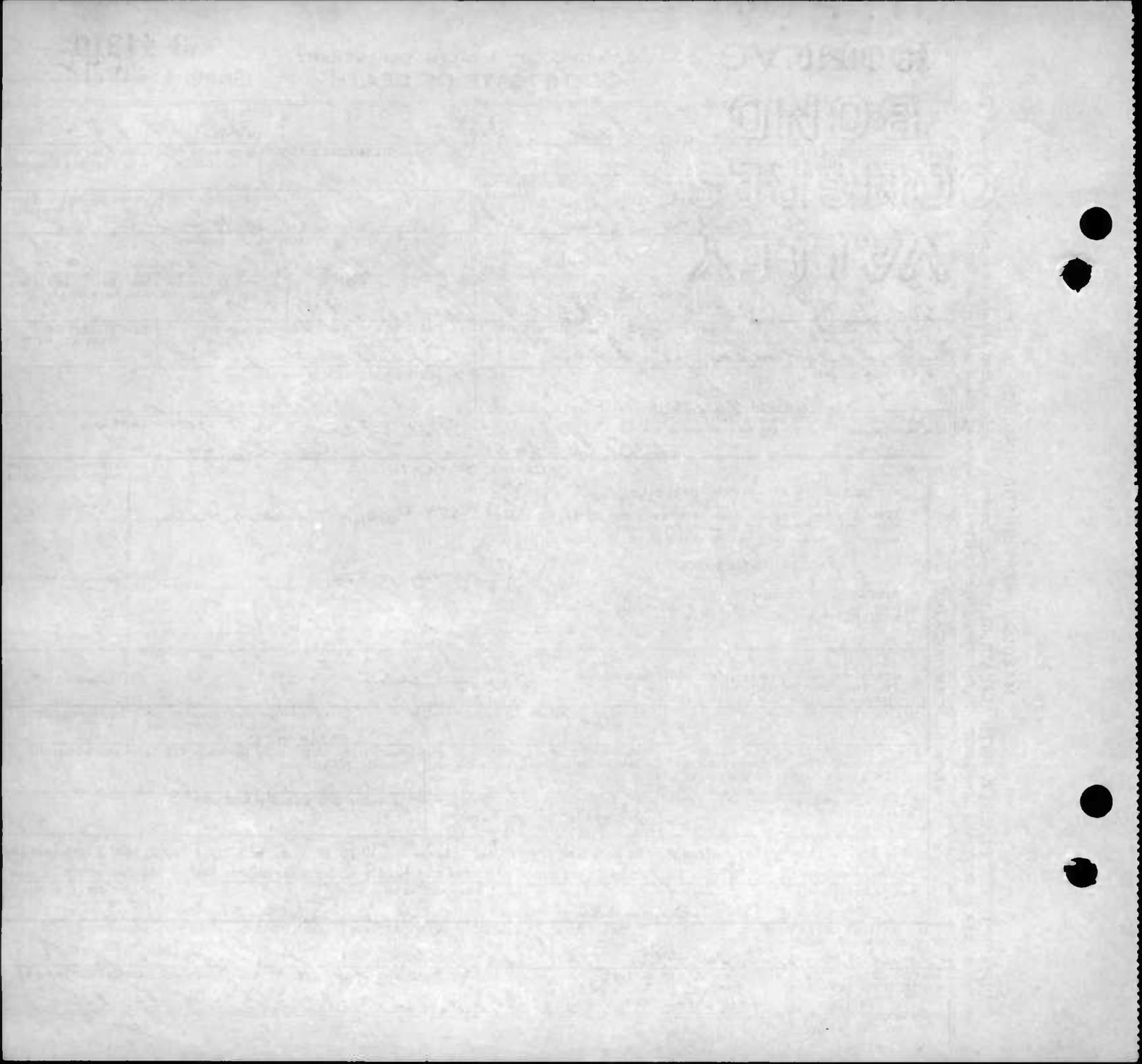
33 11340

WATLEY
CONSUMERS
BRAND
100% KVC
U.S.A.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11210		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11210 Registered No. 298	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>C. Columbus Johnson</i>				2. DATE <i>Dec. 19 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>19 N. Bentall St.</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 20-02</i>	
C. Length of stay in Baltimore <i>76 d.</i>				D. STREET ADDRESS (If rural, give location) <i>19 N. Bentall St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug. 8, 1877</i>	9. AGE (In years last birthday) <i>76</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Longshoreman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Laborer</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>215-03-0658</i>		17. INFORMANT <i>Res. Irene St. Johnson</i>	
18. <i>501X</i> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) <i>Bronchopneumonia</i>	
ANTECEDENT CAUSES				(B) <i>Bronchitis</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) <i>Myocarditis</i>	
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				<i>Unknown</i>	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-14</i> , 19 <i>53</i> , to <i>12-19</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-18</i> , 19 <i>53</i> , and that death occurred at <i>12:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Frank A. Saunders</i>		23B. ADDRESS <i>1029 N. Stricker St.</i>		23C. DATE SIGNED <i>12-21-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 22 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		25. GENERAL DIRECTOR <i>Huntington Williams, M.D.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 21 1953</i>		REGISTRAR'S SIGNATURE <i>David Hill</i>			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-400

53 11211

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11211

1. NAME OF DECEASED
(Type or Print)

James E. Neal

2. DATE

Dec. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1013 Whitelock St.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 13-03

D. STREET ADDRESS (If rural, give location)

1013 Whitelock St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 27, 1885

9. AGE (In years last birthday)

68

If Under 1 Year

Months

If Under 24 Hours

Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Post Office

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Matt Neal

14. MOTHER'S MAIDEN NAME

Carrie Blackwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Mrs. Mattie O. Jones

1013 Whitelock St.

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

My splenectomy

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1953, to Dec., 1953 that I last saw the deceased alive on Dec. 19, 1953, and that death occurred at 2 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Stanford P. Zimmerman

23B. ADDRESS

2309 Druid Hill Ave

23C. DATE SIGNED

12-21-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county) (State)

Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 21 1953

REGISTRAR'S SIGNATURE

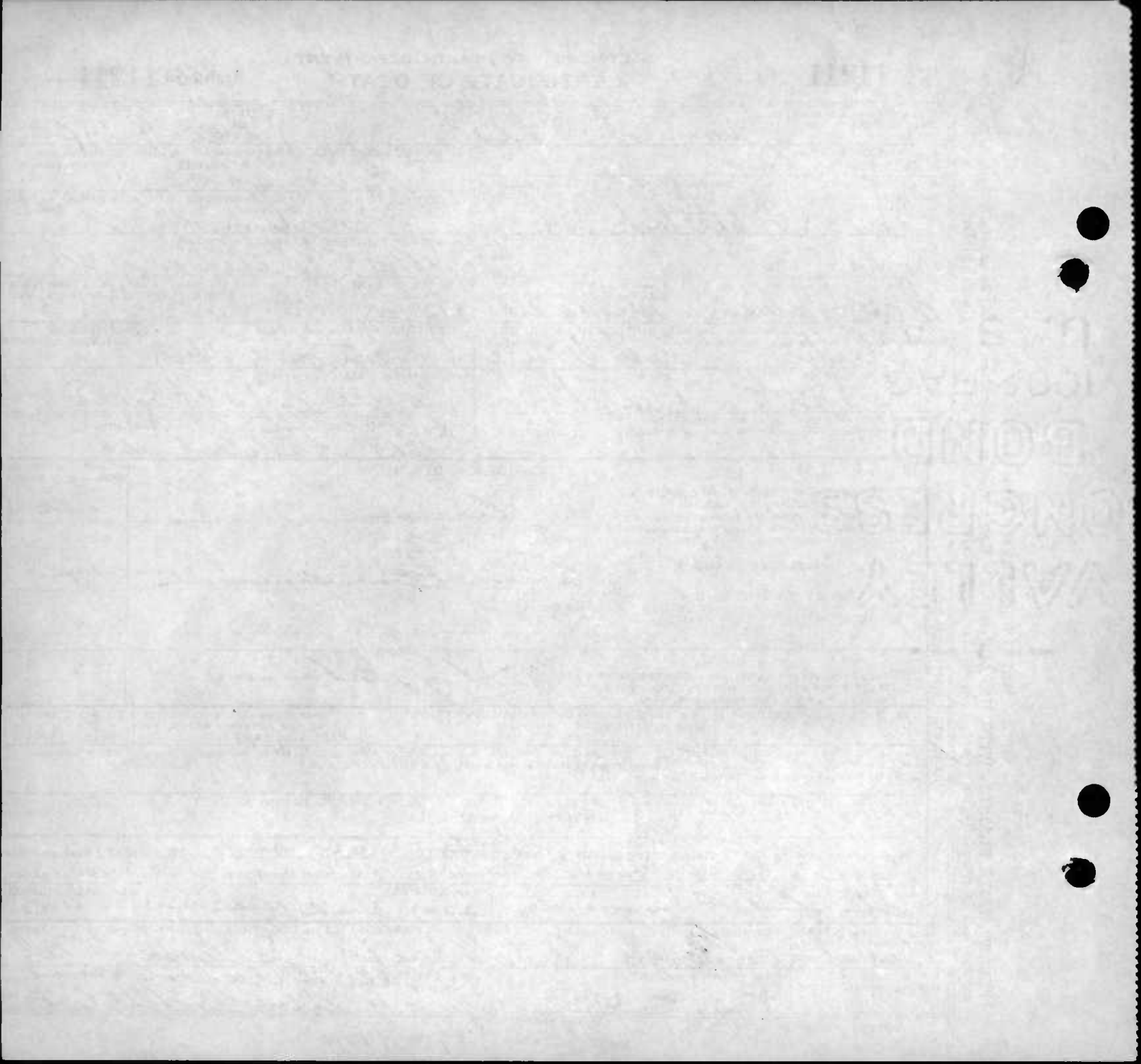
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

W. J. Williams, Jr.

VS 150

39090



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-177389
2-700
53 11212
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11212
Registered No.

1. NAME OF DECEASED (Type or Print) James Love			2. DATE OF DEATH Dec. 17-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 30yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1048 N. Eden St.		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 15- 1899		9. AGE (In years last birthday) 54 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self		10B. KIND OF BUSINESS OR INDUSTRY Huxter	11. BIRTHPLACE (State or foreign country) Virginia, Norfolk		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Love			14. MOTHER'S MAIDEN NAME Mary Grandy		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT 4940 Eastern Ave. Records: Baltimore City Hospitals		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute Pulmonary Edema DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio vascular Disease DUE TO Fever of undetermined origin			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION ✓		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-5-1953 , to 12-17-1953 , that I last saw the deceased alive on 12-17-1953 , and that death occurred at 9.20PM , from the causes and on the date stated above.					
23A. SIGNATURE Helen Dan		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED Dec. 18-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-21-1953		24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Huntington Williams, M. Randolph J. Collick			
DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1953		ADDRESS 1412 E. Preston St			

VS 150

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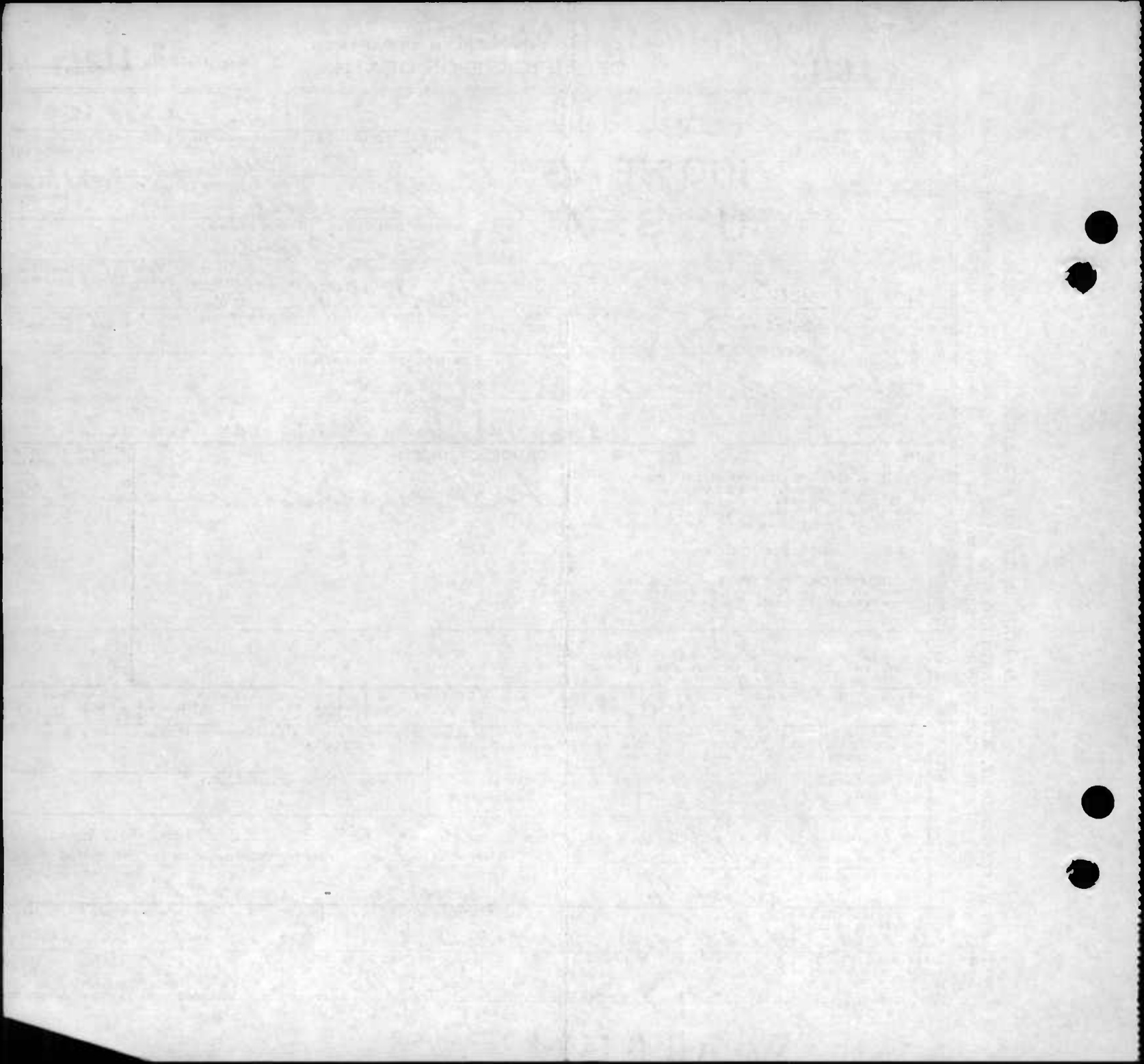
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>53-11213</u>	
BIRTH NO. <u>53-11213</u>					
1. NAME OF DECEASED (Type or Print) <u>Armetta, Sarah</u>			2. DATE OF DEATH <u>12/18/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>University Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Leatonsville</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>405 Greenlaw Ct.</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, <u>MARRIED</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug 18, 1889</u>	9. AGE (In years last birthday) <u>64</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Parto Gansher Mofsky - sons</u>			11. BIRTHPLACE (State or foreign country) <u>Italy</u>		
13. FATHER'S NAME <u>Salvatore Leononni</u>			12. CITIZEN OF WHAT COUNTRY? <u>Italy</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>212-03-9082</u>		
			17. INFORMANT ADDRESS <u>Salvatore Armetta - 405 Greenlaw Rd.</u>		
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Acute Myocardial Infarction 2 hrs</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12/18, 1953</u> , to <u>12/18, 1953</u> , that I last saw the deceased alive on <u>12/18, 1953</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <u>L.W. Elgin Jr.</u>		23B. ADDRESS <u>University Hospital</u>		23C. DATE SIGNED <u>12/18/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Dec. 22, 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore - Maryland</u>		25. FUNERAL DIRECTOR <u>John C. Miller</u>		ADDRESS <u>2431 East Chesa St</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 21 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

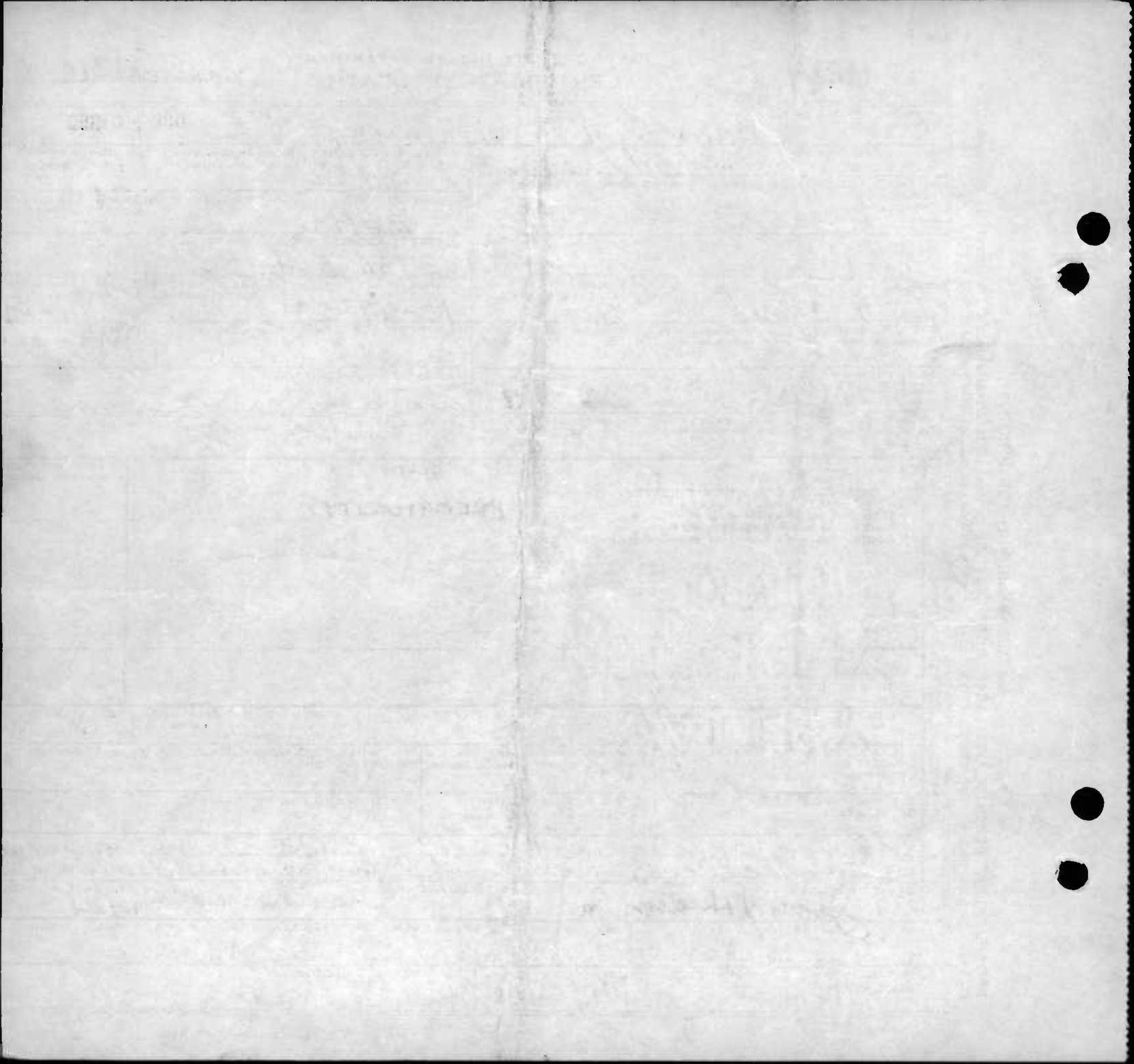
W-452

53 11214
BIRTH NO. 53-32519

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11214

1. NAME OF DECEASED (Type or Print) Baby Girl Williams			2. DATE OF DEATH DEC 20 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Harriet Lane Prem. N.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY X		
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore Yrs. — Mos. — Days —			D. STREET ADDRESS (If rural, give location) 2730 Fisk Rd.		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 12-19-53	9. AGE (In years last birthday) 11	10. Under 1 Year Months: Days 4
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Infant			10B. KIND OF BUSINESS OR INDUSTRY USA		
13. FATHER'S NAME Isabelle Smith			14. MOTHER'S MAIDEN NAME Anthony Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) —			16. SOCIAL SECURITY NO. —		
17. INFORMANT JOHNS HOPKINS HOSPITAL			17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		
18. 776X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURITY					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 12-19-1953 to 12-20-1953 that I last saw the deceased alive on 12-20-1953 , and that death occurred at 3:10 A. m., from the causes and on the date stated above.					
23A. SIGNATURE James I. Hudson, Jr.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12/20/53	
24A. BURIAL CREMATION. REMOVAL (Specify) Burial		24B. DATE 12/21/53		24C. NAME OF CEMETERY OR CREMATORY Int Calvary	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. FUNERAL DIRECTOR Geo. S. Kelton		24F. ADDRESS 1303 Presstman St.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1953		REGISTRAR'S SIGNATURE H. E. Kingston Williams		25. FUNERAL DIRECTOR Geo. S. Kelton	
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO. 53 11215				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11215	
1. NAME OF DECEASED (Type or Print) <u>Champness, Robert J.</u>				2. DATE OF DEATH <u>December 18, 1953</u>			
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>8-02</u>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>INSTITUTION</u> <u>St. Joseph's</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
c. Length of stay in Baltimore Yrs. <u> </u> Mos. <u> </u> Days <u> </u>				D. STREET ADDRESS (If rural, give location) <u>2124 Cliftwood Avenue</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>JULY 17, 1896</u>	9. AGE (in years last birthday) <u>57</u>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watch estimator</u>				10B. KIND OF BUSINESS OR INDUSTRY <u>S. & N. Katz</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, MD.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>ROBERT H. CHAMPNESS</u>			
14. MOTHER'S MAIDEN NAME <u>ANNA W. GOEB</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>			
16. SOCIAL SECURITY NO. <u>212-01-1560</u>				17. INFORMANT ADDRESS <u>JANE R. CHAMPNESS SAME.</u>			
18. <u>241X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Spontaneous hydropneumothorax, right.</u> DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Bronchial asthma; Congestive heart failure.</u>				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>December 18, 1953</u> to <u>December 18, 1953</u> , that I last saw the deceased alive on <u>Dec. 18, 1953</u> , and that death occurred at <u>4:35 pm.</u> , from the causes and on the date stated above.							
23A. SIGNATURE <u>P. Casinelli</u>				23B. ADDRESS <u>1400 N. Caroline Street</u>		23C. DATE SIGNED <u>Dec. 18, '53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>12-22-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>BALTIMORE NATIONAL CEM.</u>		24D. LOCATION (City, town, or county) (State) <u>5501 FREDERICK AVE. BALTO., MD.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 21 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Charles S. Geiler</u>		ADDRESS <u>901 S. CONKLING ST.</u>	

BODY TAKEN BY

NAME

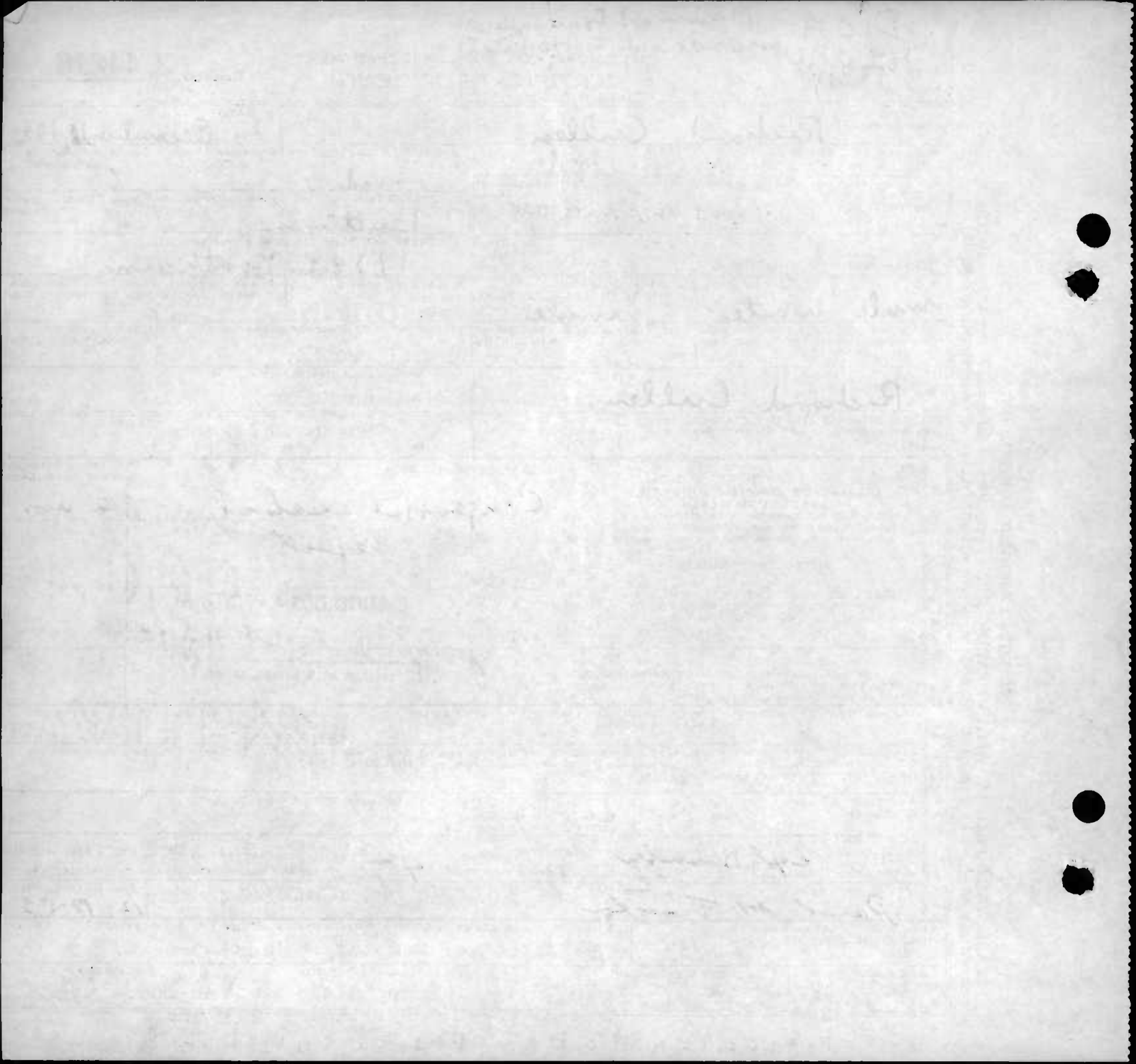
ADDRESS

DATE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D.O.A. Medical Examiner H3 Q.P.D. use released to Hospital				BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 11216	
BIRTH NO. 53 11216 - 45053-25452				CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) Richard Cullen				2. DATE OF DEATH December 18, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland H K Q.P.D.				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-05			
c. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 1738 E. North Ave.			
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Oct. 15, 1953		9. AGE (In years last birthday) 2 4	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
13. FATHER'S NAME Richard Cullen				14. MOTHER'S MAIDEN NAME Rose Moran			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 753.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH Congenital cerebral defect INTERVAL BETWEEN ONSET AND DEATH 2 mos.			
19A. DATE OF OPERATION ✓				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19 , to 19 , that I last saw the deceased alive on 12-17 , 19 53 , and that death occurred at 4:30 m., from the causes and on the date stated above.							
23A. SIGNATURE Paul M. Taylor				23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12-19-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/21/53		24C. NAME OF CEMETERY OR CREMATORY New Cathadrel Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1953		REGISTRAR'S SIGNATURE Henry Sander & Sons Inc.		25. FUNERAL DIRECTOR Henry Sander & Sons Inc.		ADDRESS Baltimore Maryland	
VS 150 Certifies to be approved by Medical Examiner							



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 11217

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Mrs Elizabeth Rooks2. DATE
OF
DEATH12-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Church Home Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE26-36

D. STREET ADDRESS (If rural, give location)

1200 Breunling Hwy

C. Length of stay in Baltimore

50Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

4-15-79

9. AGE (In years last birthday)

14

10. Under 1 Year: Months: Days

11. Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

WATERMAN Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William Willett

14. MOTHER'S MAIDEN NAME

Virginia Ysham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dayshree 1200 Breunling Hwy

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) Myocardial infarction

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

70 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular disease

DUE TO

15 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 12-18-53, 1953 to 12-20, 1953 that I last saw the deceased alive on 12-20, 1953, and that death occurred at 230 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Crash C. Collins

M. D.

23B. ADDRESS

Church Home Hospital

23C. DATE SIGNED

12-20-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

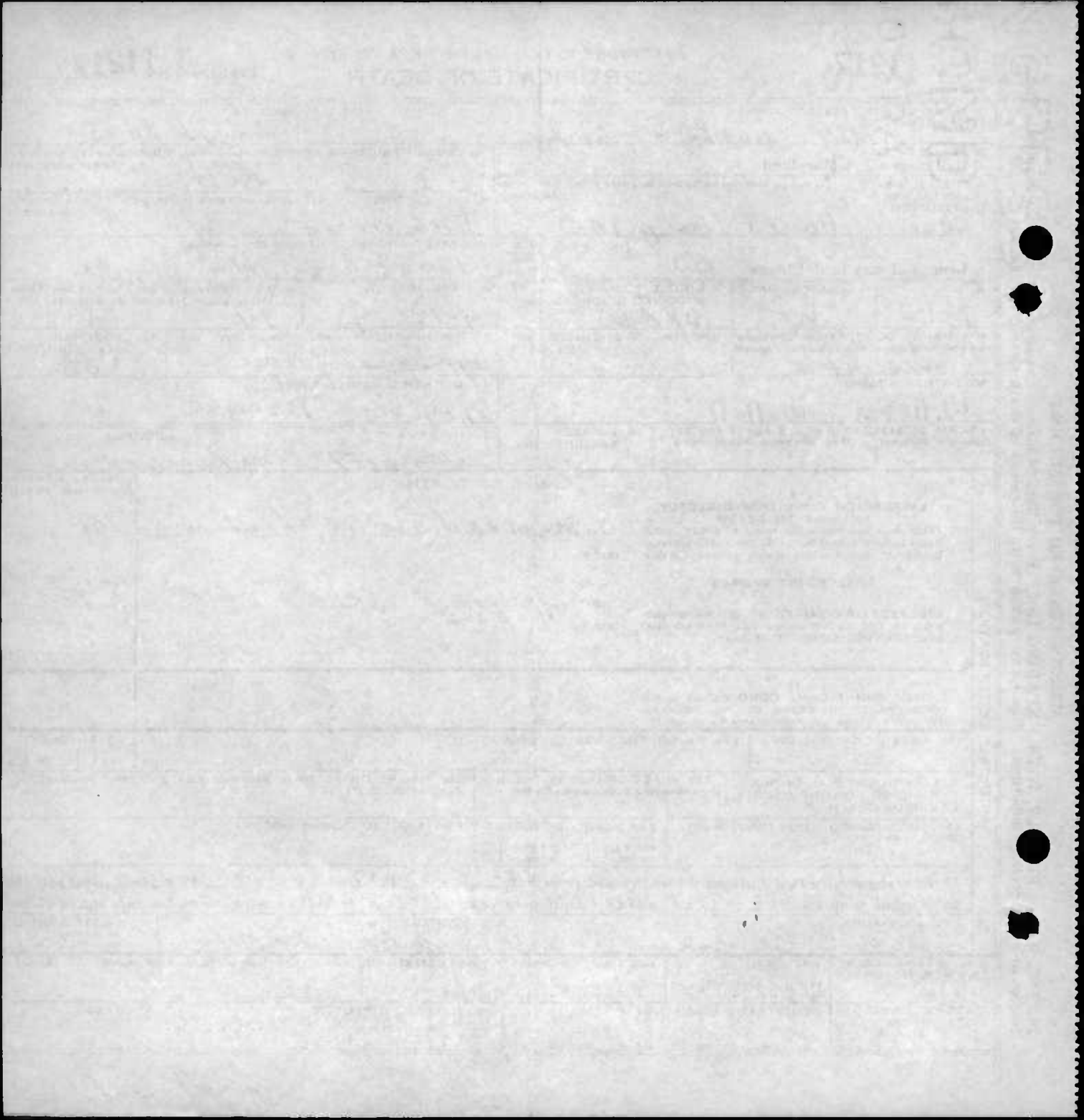
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 21 1953Huntington WilliamsHENRY SANDER & SONS, INC.Baltimore Md.Henry Sander



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-430
53 11218BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11218
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary M. Holt

2. DATE
OF
DEATH

12/20/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

861 Woodward St. # 30

E. Length of stay in Baltimore

60

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

8-30-1893

9. AGE (If years,
last birthday)

60

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Andrew Bartholomew

14. MOTHER'S MAIDEN NAME

Emma B. Batty (Batterly)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage with
right paraplegia

ANTECEDENT CAUSES

(B) DUE TO

Hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

Generalized Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18, 1953, to 12-20, 1953, that I last saw the
deceased alive on 12-20, 1953, and that death occurred at 1:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Donald B. Batty

23B. ADDRESS

1213 Light St.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC-23-53

24C. NAME OF CEMETERY OR CREMATORY

GOLDON PARK CEM.

24D. LOCATION (City, town, or county)

BALTIMORE MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

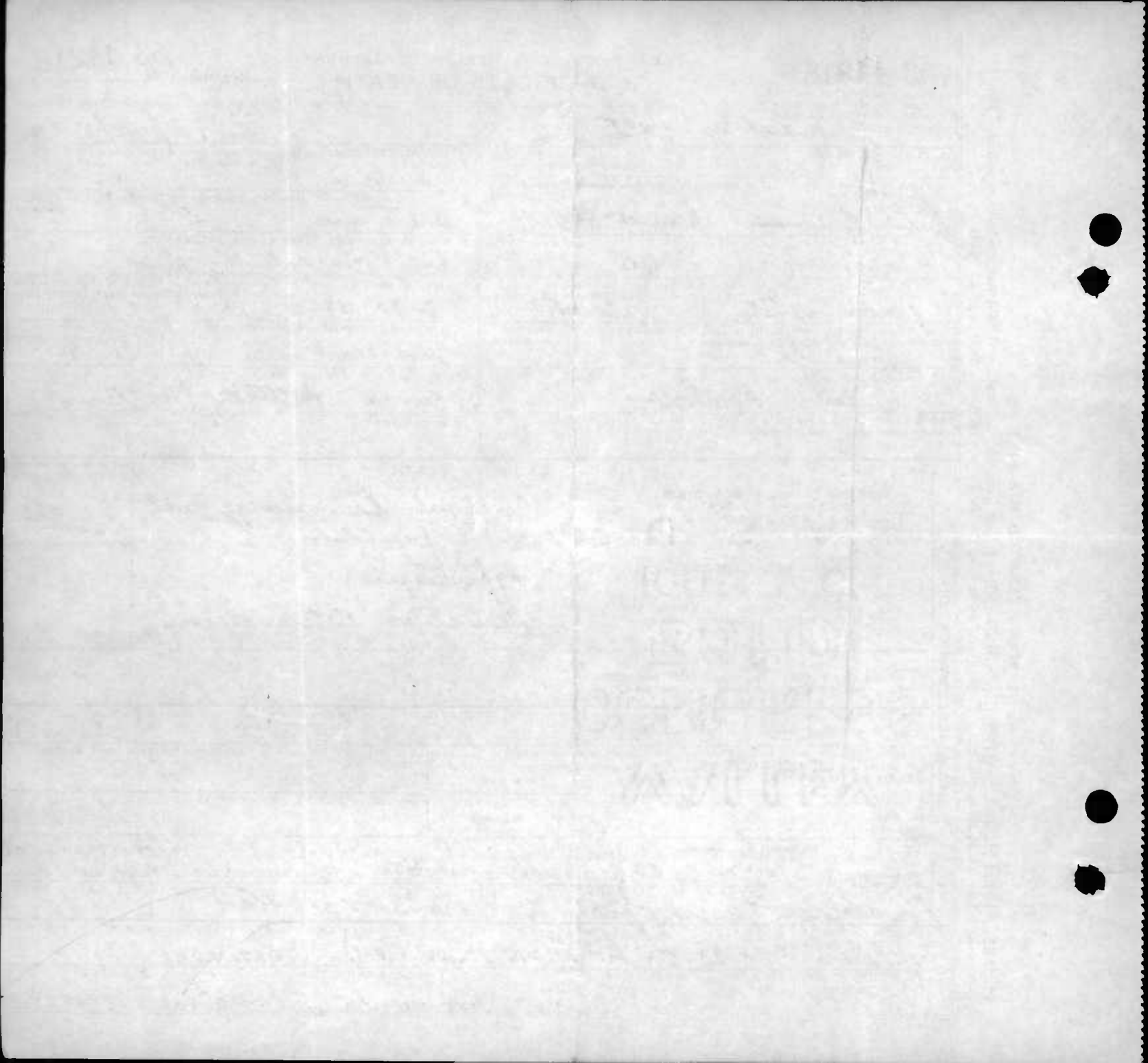
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 21 1953

Huntington Williams, M. D. Bernard C. Harle, 121 E West St



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-356
53 11219BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11219

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Mautner

2. DATE
OF DEATH 12-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Crawford Retreat
2117 Dennison St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3307 Belle Ave. Balto-15, Md.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed8. DATE OF BIRTH
Oct. 3, 18649. AGE (In years
last birthday) 89If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

salesman

10B. KIND OF BUSINESS OR
INDUSTRY

mens clothing

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Ignatz Mautner

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Lena M. Levy, 3307 Belle Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) DUE TO
Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
Hypertension Ch. disease(C) DUE TO
Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19, 1953, to Dec 20, 1953, that I last saw the
deceased alive on Dec 19, 1953, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

N. E. Needles M.D.

23B. ADDRESS

4215 Park Hg B Home

23C. DATE SIGNED

12/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12-22-53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 21 1953

REGISTRAR'S SIGNATURE

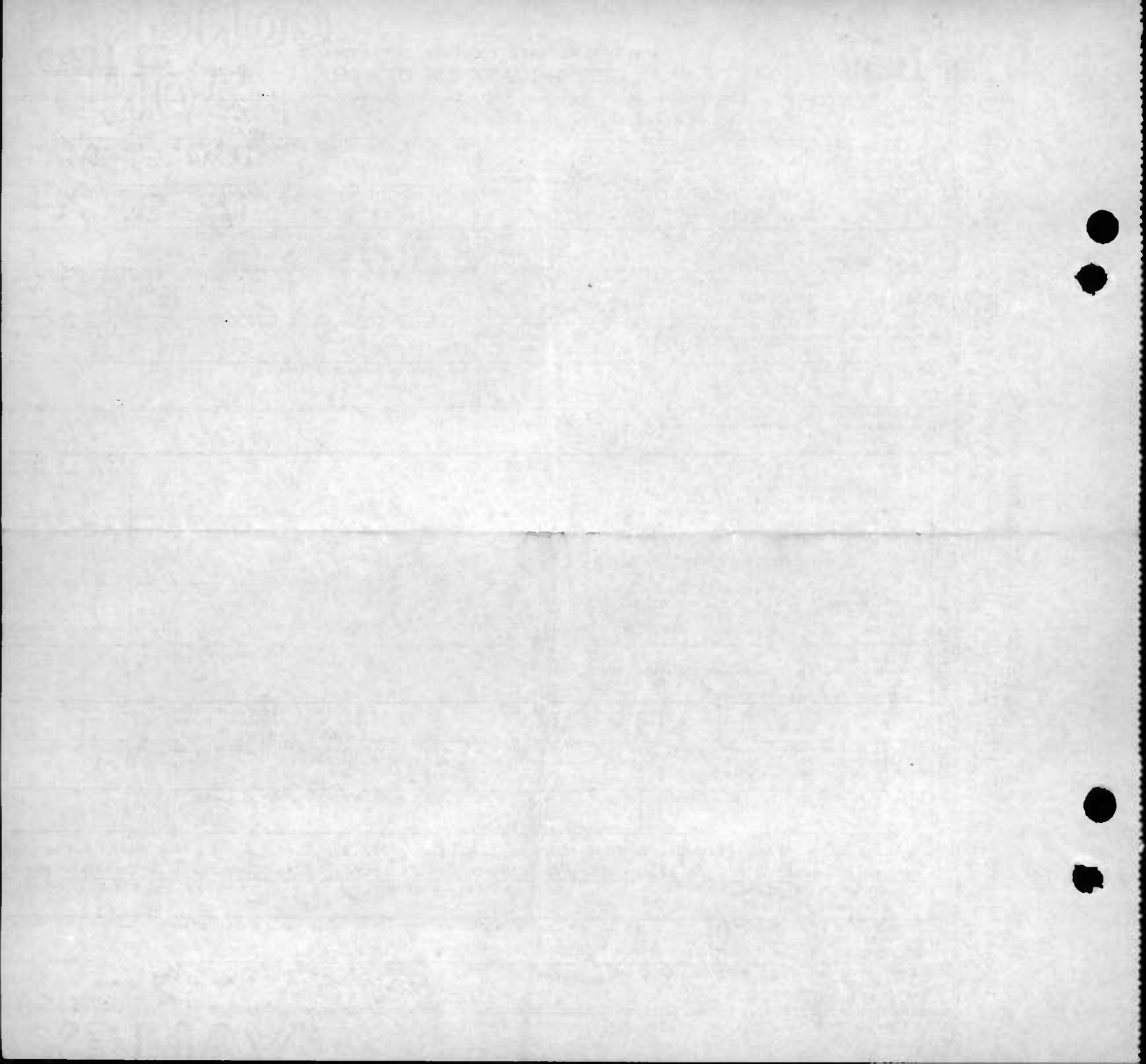
Thurston H. Hollander

25. FUNERAL DIRECTOR

David R. Martin

ADDRESS

David R. Martin, 1902 Eutaw Place



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-500

53 11220
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11220
Registered No.

1. NAME OF DECEASED (Type or Print) Mary M. Smith Boone			2. DATE OF DEATH 12/17/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 22-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write R.R., and give township) Baltimore, City		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 111 W. Montgomery Street		
5. SEX Female	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 8/11/1902		9. AGE (In years last birthday) Months: Days 51
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md.
13. FATHER'S NAME Harry Smith			14. MOTHER'S MAIDEN NAME Ida Leatherbury		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Ida Smith-804 Leadenhall Street
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Respiratory failure			CAUSE OF DEATH Myocardial infarction + Coronary occlusion		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardiovascular disease			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 1953 to June 1953 that I last saw the deceased alive on 6/8 , 1953, and that death occurred at 9 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Isaac L. Brown		23B. ADDRESS 601 N. Monroe St.		23C. DATE SIGNED 12/21/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/23/53		24C. NAME OF CEMETERY OR CREMATORY Mount Auburn Ct	
24D. LOCATION (City, town, or county) (State) Baltimore City		25. FUNERAL DIRECTOR ADDRESS Isaac L. Brown & Son 108 W. Montgomery St.			

1951

1951

1951

WILLIAMS

COOPER

BOND

1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-500
53 11221BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11221
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mamie Sweeney</i>		2. DATE OF DEATH <i>Dec-17-1953</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Order 4</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Md</i>		b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write FULL name and give township) <i>Baltimore 10-02</i>		d. STREET ADDRESS (If rural, give location) <i>810 N. Caroline St.</i>	
c. Length of stay in Baltimore <i>Life</i>		5. SEX <i>Female</i>		6. DATE OF BIRTH <i>6-21-02</i>	
d. COLOR OR RACE <i>Colored</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		9. AGE (In years last birthday) <i>51</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>days Worker</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Walker Smith</i>		14. MOTHER'S MAIDEN NAME <i>Lilly Gordon</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>445X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Malignant Hypertension</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>1 mo.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec-13-1952</i> to <i>Dec-17-1953</i> , that I last saw the deceased alive on <i>Dec-17-1953</i> , and that death occurred at <i>11:45</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>W. E. Martin</i>		23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23c. DATE SIGNED <i>12-17-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-22-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>W. E. Calvary Cem. A. R. G. Md</i>	
24d. LOCATION (City, town, or county) (State) <i>Md</i>		25. FUNERAL DIRECTOR <i>Rayner Sanders</i>		ADDRESS <i>7208A 917 E. Preston St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 21 1953</i>		REGISTRAR'S SIGNATURE <i>H. W. Williams</i>			
VS 150					

1881

AVC 1881

My dear Mr. [illegible]

Yours faithfully
[Signature]

3-11-81

P-320
53 11222BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11222

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH			
			CORNELIUS PITTS			Dec. 16, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION						A. STATE			
Johns Hopkins Hospital						Maryland			
C. LENGTH OF STAY IN BALTIMORE						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs. Mos. Days						Baltimore			
D. STREET ADDRESS (If rural, give location)						1209 Ashland Avenue			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
Male		Colored		Widowed		9-12-76		77	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
None						Maryland			
13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME			
Cornelius Pitts						Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS			
Yes		1898				Harriet Pitts 1209 Ashland			
18. 422.1 CAUSE OF DEATH									INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									(A) Arteriosclerotic cardiovascular disease
DUE TO									
ANTECEDENT CAUSES									(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									DUE TO
									(C)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
								YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .									
23A. SIGNATURE						23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED	
Joseph A. Jackson								Dec. 16, 1953	
24A. FUNERAL CREMATION REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county)		(State)	
Burial		12-21-53		Belt National		Belt			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR		ADDRESS		
DEC 21 1953		Rayner Sanders			217 E. Preston St				

1958

UNITED STATES OF AMERICA

1958

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

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UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11223
Registered No. 53 11223

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Helen M. Matacotta

2. DATE
OF
DEATH

Dec. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

5935 Glen Oak Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

4241 Sheldan Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 22, 1905

9. AGE (In years

last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward G. Coonan

14. MOTHER'S MAIDEN NAME

Rose Kimmerlein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. August J. Matacotta, 4241 Sheldon

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to December 18, 1953, that I last saw the
deceased alive on December 18, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3603 Belair Road

12/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 22, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 22 1953

Huntington Williams, Jr.

Leonard J. Ruck, 5305 Hafford Road.

Dr. Polek

LED

4200 Sheldon

LA-77756

3603 Blairk

6-9 SAT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 452

53 11224

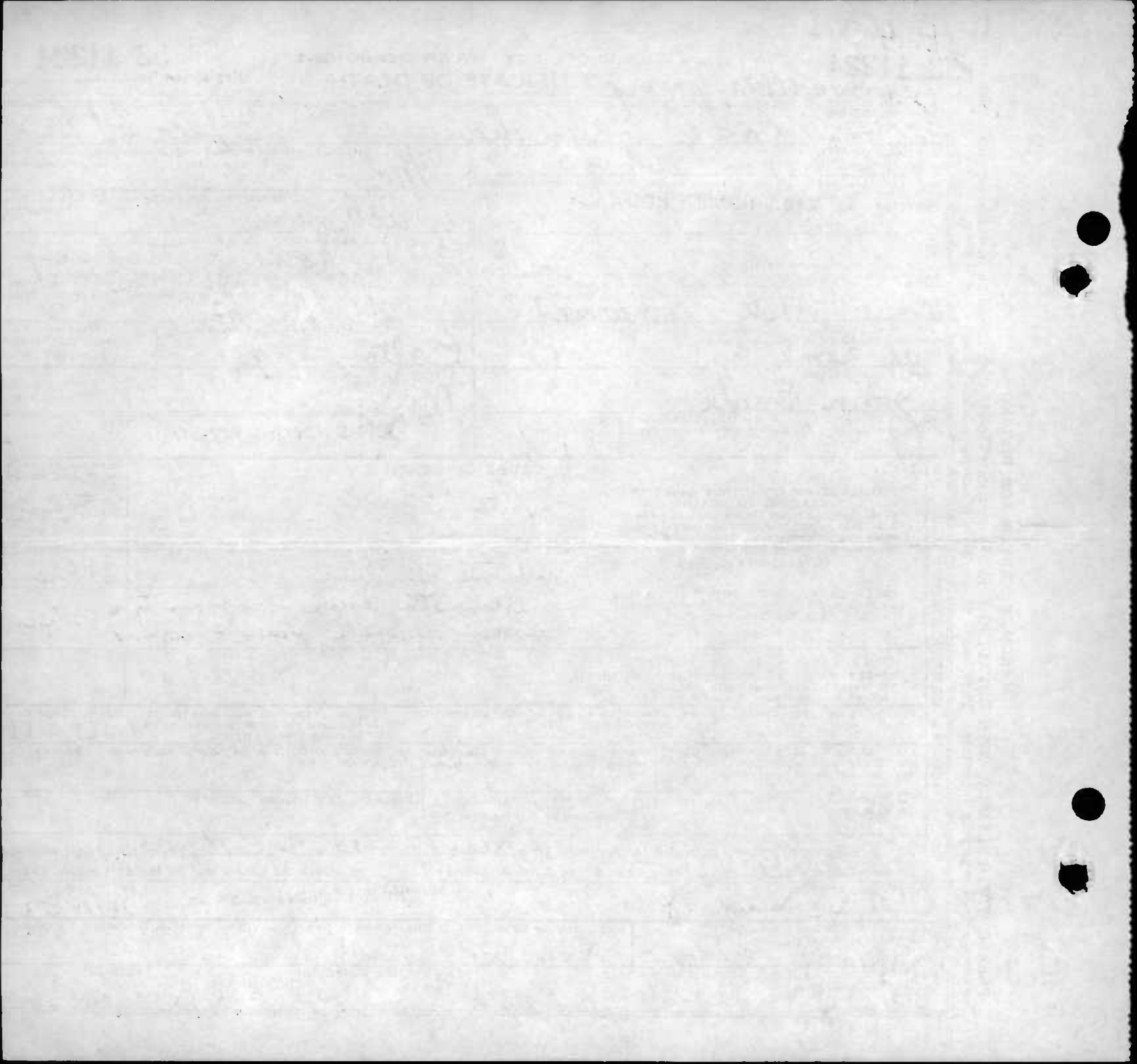
BALTIMORE CITY HEALTH DEPARTMENT

53 11224

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Corinthia. Marie</i>		2. DATE OF DEATH <i>Dec-18-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Marburg 3</i>		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE <i>Ind</i> B. COUNTY <i>Ind</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. <i>33</i> Mos. <i>33</i> Days <i>33</i>		D. STREET ADDRESS (If rural, give location) <i>2926 Northern Parkway</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>7-31-91</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>62</i>
11. BIRTHPLACE (State or foreign country) <i>Balto Ind</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John Engle</i>		14. MOTHER'S MAIDEN NAME <i>Mary</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMATION ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>peritonitis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>perforation of ileum</i> DUE TO <i>inflammatory disease of unknown type</i> <i>involving pyrexia, ileum + sigmoid</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3+ days</i> <i>3+ days</i> <i>2+ yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>7-31-91</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec-17</i> , 19 <i>53</i> , to <i>Dec-18</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Dec 18</i> , 19 <i>53</i> and that death occurred at <i>m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>J.C. Dardel, Jr.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/22/1953</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Ind</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 21 1953</i>		REGISTRAR'S SIGNATURE <i>J. Williams, M.D.</i>	
FUNERAL DIRECTOR <i>J. Kuck</i>		ADDRESS <i>5305 Harford</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No 11225

H-620
53 11225

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs Pauline E Harris</i>			2. DATE OF DEATH <i>12-20-53</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MD</i> b. COUNTY <i>BALT.</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home Hospital</i>			c. CITY OR TOWN <i>ESSEX</i>		
6. Length of stay in Baltimore <i>LIFE</i>			d. STREET ADDRESS (If rural, give location) <i>Box 39 Sunnyside Road.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>7-24-98</i>	9. AGE (In years last birthday) <i>55</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>WAITRESS</i>		
13. FATHER'S NAME <i>JAMES Dixon</i>			14. MOTHER'S MAIDEN NAME <i>ANNA PLEASANTS</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Husband</i>			ADDRESS <i>ESSEX</i>		
18. <i>581.0 and 022x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hepatitis</i> CAUSE OF DEATH (A) <i>Hepatitis</i> DUE TO					INTERVAL BETWEEN ONSET AND DEATH <i>13 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cirrhosis of Liver</i> (B) <i>Cirrhosis of Liver</i> DUE TO (C)					<i>10 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Aneurysm of Aorta</i>					
19a. DATE OF OPERATION <i>0</i>			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-14</i> , 19 <i>53</i> , to <i>12-20</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-20</i> , 19 <i>53</i> , and that death occurred at <i>4:45 P.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>C. Collins</i>			23b. ADDRESS <i>Church Home Hosp</i>		23c. DATE SIGNED <i>12-20-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>12-23-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	24d. LOCATION (City, town, or county) <i>Bald</i>	(State) <i>Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 21 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Ruck</i>	
				ADDRESS <i>5305 Hayford</i>	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11226

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William A Stevenson

2. DATE
OF
DEATH

12-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2717 Hugo Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 9-06

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2717 Hugo Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 12-1886

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

GENERAL WORK

10B. KIND OF BUSINESS OR
INDUSTRY

ICE PLANT

11. BIRTHPLACE (State or foreign country)

Baltimore - Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS SAME

MR. BERNARD J. STEVENSON

18. E974X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Asphyxia due to Hanging

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Incipient Blindness - CATARACT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

2717 Hugo Ave

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

12 1953 A

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

found hanging in basement

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

B. J. Stevenson

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D. MEDICAL INVESTIGATOR.....

12-19-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 21 1953

Baltimore, Md.

26. FUNERAL DIRECTOR

ADDRESS

0850 1 12

RECEIVED

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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53 11227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11227

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mary Blanche Yoe		2. DATE OF DEATH Dec. 20, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3921 Keswick Rd		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION DU		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3921 Keswick Road			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH About 60 yrs	9. AGE (In years last birthday) If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist		10B. KIND OF BUSINESS OR INDUSTRY Union Memorial Hospital		11. BIRTHPLACE (State or foreign country) Baltimore Md	
13. FATHER'S NAME Michael J. Yoe		14. MOTHER'S MAIDEN NAME Cassie Moylan			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss Nannie E. Yoe 3921 Keswick Road	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Massive Coronary DUE TO Cardio Pulmonary vascular disease (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs 10 days	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? no injury	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1, 1940 to Dec 20, 1953, that I last saw the deceased alive on Dec 20, 1953 and that death occurred at 5:00 p.m., from the causes and on the date stated above.					
23A. SIGNATURE R. L. Keyser		23B. ADDRESS Baltimore, Md.		23C. DATE SIGNED 12/21/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 23, 1953		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland.		25. FUNERAL DIRECTOR ADDRESS J. W. Meador, Inc. 8057 Calvert St.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1953		REGISTRAR'S SIGNATURE J. W. Meador			

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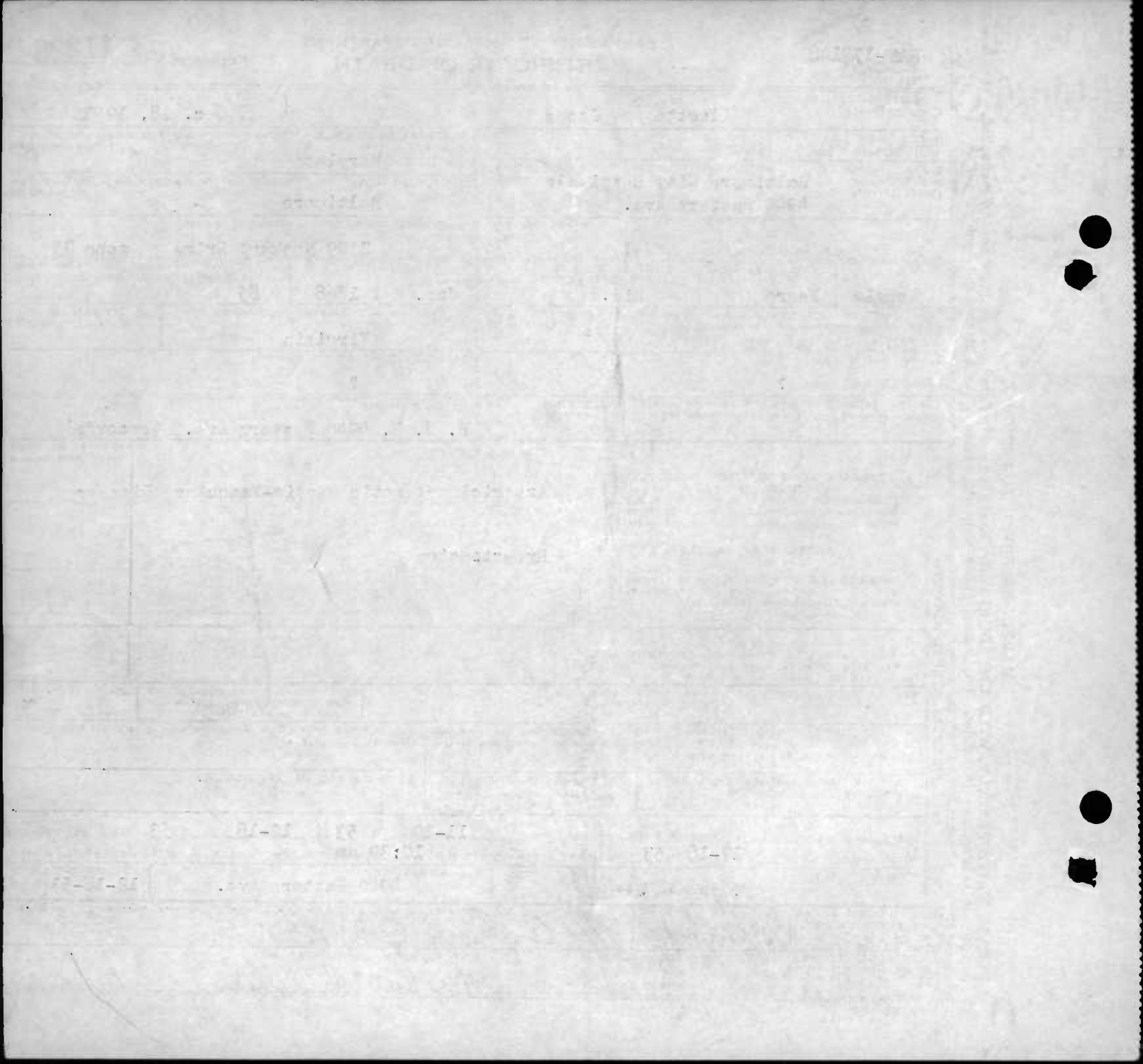
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11229
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John C. Toben

2. DATE
OF
DEATH

Dec 19/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE Md B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)C. CITY OR TOWN (If outside corporate limits, write U.S. and give township)
Baltimore

c. Length of stay in Baltimore

life

O. STREET ADDRESS (If rural, give location)

1221 N. Bradford St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 25/1887

9. AGE (In years
last birthday)

76

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pipe fitter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Don't Know

14. MOTHER'S MAIDEN NAME

Don't Know

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wesley C. Toben 1221 N. Bradford St

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage (Apoplexy)

9 hours

ANTECEDENT CAUSES

(B) Hypertensive Cardio Vascular Renal Disease

?

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1953, to Dec 19, 1953, that I last saw the
deceased alive on Dec 16, 1953, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Pokorny

23B. ADDRESS

2200 E. Madison St

23C. DATE SIGNED

12/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 22/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

2112 Dundalk Ave

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-615
53 11230BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 53 11230
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John O Carbin

2. DATE
OF
DEATH

Dec 18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

33

Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Dundalk 5353

D. STREET ADDRESS (If rural, give location)

7016 Mounting Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 25 1900

9. AGE (In years
last birthday)

53

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Orderly

10B. KIND OF BUSINESS OR
INDUSTRY

Hospital

11. BIRTHPLACE (State or foreign country)

W Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J W Carbin

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Maria Carbin 7016 Mounting Road

18.

420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

7 years

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3 1946 to 11-2 1953, that I last saw the
deceased alive on 12-2 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Eugene F. Newy

M. D.

23B. ADDRESS

7001 Mounting Rd Dundalk, Md

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial Dec 22/53

24C. NAME OF CEMETERY OR CREMATORY

Bald National

24D. LOCATION (City, town, or county)

Bald

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Helen L. Ford Home 2112 Dundalk Rd

VS 150

730 8T

00511 83

00511 83



G-260 CERTIFICATE CORRECTED 1-4-54

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **53 11231**BIRTH NO. **53 11231**

1. NAME OF DECEASED (Type or Print) Geiger, Anthony			2. DATE OF DEATH 12-19-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE BALTIMORE B. COUNTY BALTIMORE C. CITY OR TOWN BALTIMORE D. STREET ADDRESS (If rural, give location) 510 S. Lakewood Ave.		
B. FULL NAME OF HOSPITAL OR INSTITUTION DOCTOR'S HOSPITAL			E. CITY OR TOWN BALTIMORE		
C. Length of stay in Baltimore life			F. STREET ADDRESS (If rural, give location) 510 S. Lakewood Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1886	9. AGE (In years last birthday) 67	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10B. KIND OF BUSINESS OR INDUSTRY City Employee		11. BIRTHPLACE (State or foreign country) BALTIMORE	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS Lillian Geiger 510 S. Lakewood Ave.	

18. 331x and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cardiac Collapse		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral hemorrhage		
(A) DUE TO		
(B) DUE TO Generalized arteriosclerosis		
(C) Diabetes mellitus		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1951 19 51 , to Dec 19 19 53 , that I last saw the deceased alive on Dec 18 19 53 , and that death occurred at 4:45 P.m., from the causes and on the date stated above.					
23A. SIGNATURE Decker J. Janniche		23B. ADDRESS 2711 Carter Ave.		23C. DATE SIGNED 12/21/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 22, 1953		24C. NAME OF CEMETERY OR CREMATORY Sacred Hearts	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc., 403 S. Wolfe St.	

STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

FILE NO. 100-100000

DATE OF DEATH 10/10/1910

PLACE OF DEATH NEW YORK

AGE 45

SEX M

RACE W

RELATIONSHIP TO DECEASED

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

PREEXISTING DISEASE

PERIOD OF INCUBATION

DATE OF ONSET

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

RELATIONSHIP TO DECEASED

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

PREEXISTING DISEASE

PERIOD OF INCUBATION

DATE OF ONSET

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

RELATIONSHIP TO DECEASED

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

PREEXISTING DISEASE

PERIOD OF INCUBATION

DATE OF ONSET

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

RELATIONSHIP TO DECEASED

CAUSE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-230
53 11232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11232
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosetta V. Moscatti

2. DATE
OF
DEATH

December 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3305 Gibbons Ave.

C. CITY OR TOWN (If outside corporate limits, write R.U.M.I. and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3305 Gibbons Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

Aug. 30, 1885

9. AGE (In years last birthday)

68

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Salvatore Romano

14. MOTHER'S MAIDEN NAME

Mary F. Manfre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Marius A. Moscatti 1205 3rd Road

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

Hypertensive Cordis - Vascular Disease

DUE TO

(C)

15 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1945 to Dec 1953, that I last saw the deceased alive on Dec 11, 1953, and that death occurred at 5P m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. Brennan

23B. ADDRESS

5217 Harford Road

23C. DATE SIGNED

12-20-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 22, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 21 1953

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler Inc. 403 S. Wolfe St.

3-21-50

THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION

500 N. 5TH ST. NEW YORK 10017

LIBRARY

NEW YORK

1950

10017

10017

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-363
58 11233

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 11233

1. NAME OF DECEASED (Type or Print) WM Clyde STROTHER		2. DATE OF DEATH 12/19/53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION MD. GENERAL HOSPT.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.	
c. Length of stay in Baltimore 13 Yrs		d. STREET ADDRESS (If rural, give location) 305 E. BELVEDERE	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 10, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY AUTO	9. AGE (In years last birthday) 52
13. FATHER'S NAME SAMUEL STROTHER		11. BIRTHPLACE (State or foreign country) VIRGINIA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME MARGARET HALL	
17. INFORMANT ANNIE STROTHER		ADDRESS ABOVE	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23a. SIGNATURE [Signature]		23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
23c. DATE SIGNED 12/26/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-22-1953	
24c. NAME OF CEMETERY OR CREMATORY WOODLAWN		24d. LOCATION (City, town, or county) (State) WOODLAWN MD.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1953		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR H.W. JENKINS & SONS Co.		ADDRESS 4905 YORK RD	

55083

CERTIFICATE OF DEATH

1151

1151

1151

1151

1151

1151

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1151

1151

1151

1151

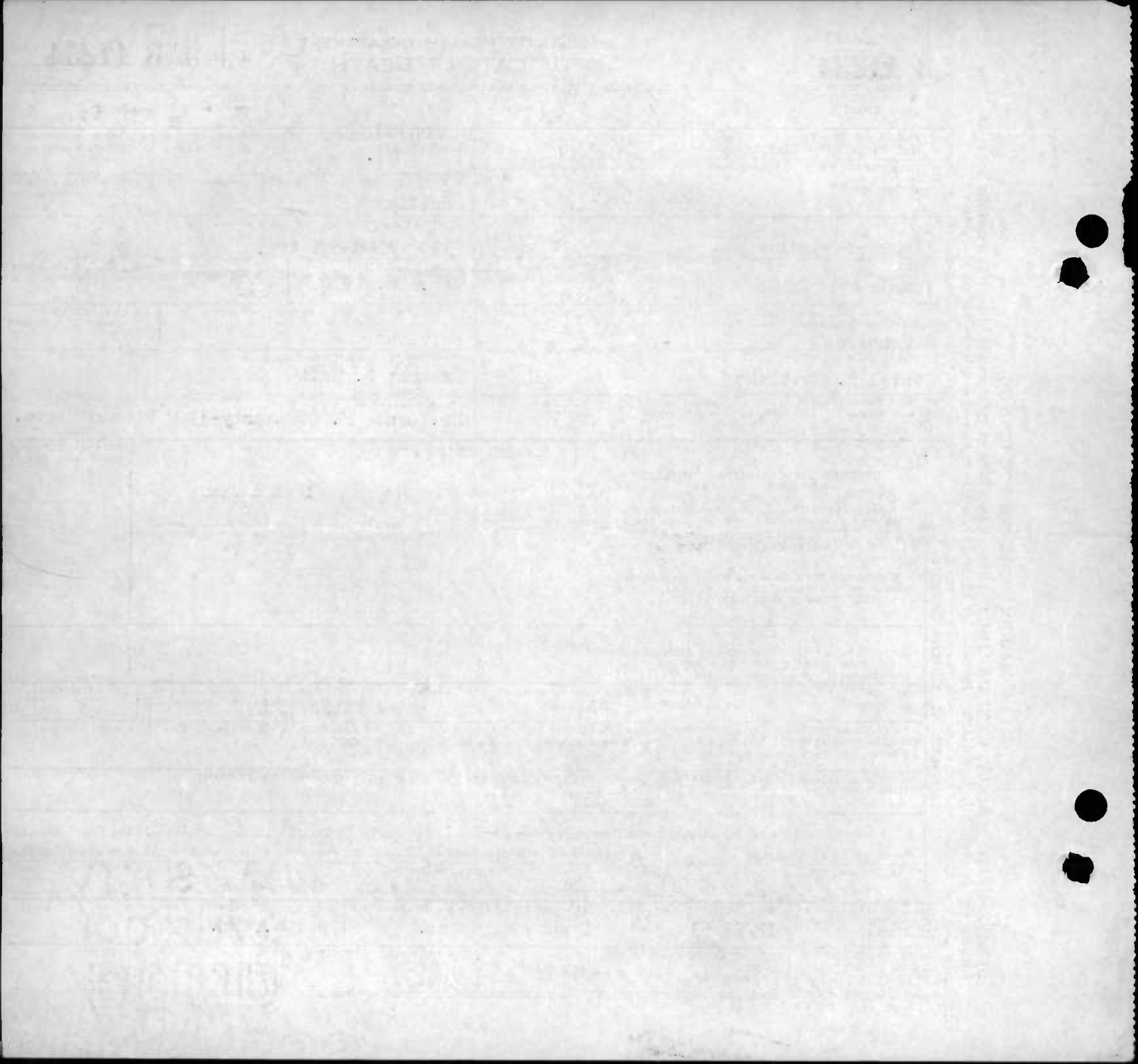
1151

1151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-263 53 11234		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11234	
BIRTH NO.		Catherine		2. DATE OF DEATH 12. 18. 53.	
1. NAME OF DECEASED (Type or Print) Margaret / DAUGHERTY.					
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		15-37	
D. STREET ADDRESS (If rural, give location) 3300 Piedmont Ave.					
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 26, 1930	9. AGE (In years last birthday) 23	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Daniel E. Mattison		14. MOTHER'S MAIDEN NAME Frances L. Smith			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Vernon F. Daugherty-3300 Piedmont Ave.	
18. 201X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH HODGKINS Disease		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9. 24. 1953 to 12. 18. 1953 that I last saw the deceased alive on 12. 18. 1953 and that death occurred at 7:30 P. M., from the causes and on the date stated above.					
23A. SIGNATURE William Torman M. D.		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 12/19/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/23/53	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. M. J. Pickner & Sons		ADDRESS Balto 17, Md.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

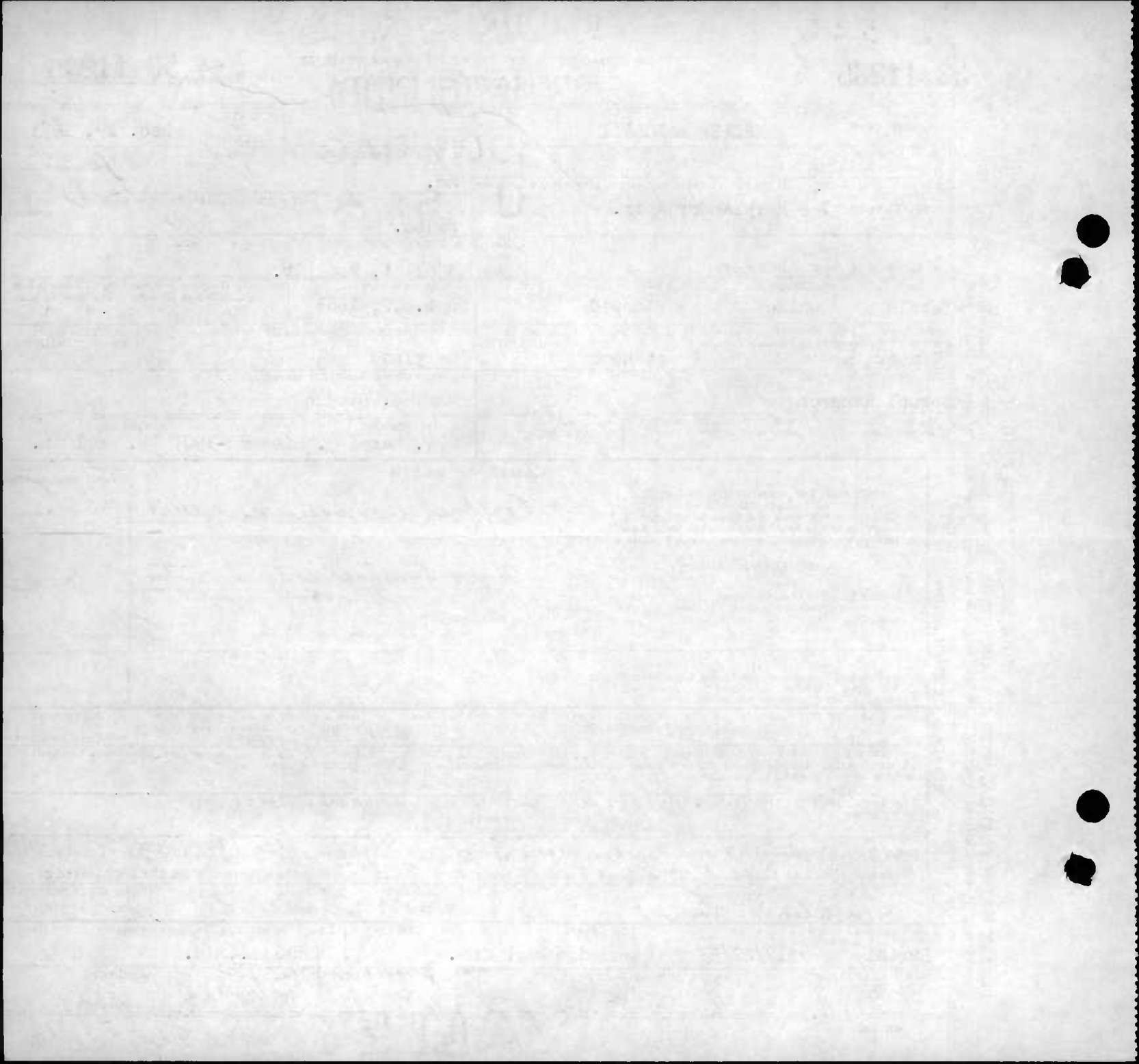
53 11235

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11235

1. NAME OF DECEASED (Type or Print) HELLEN LANGRALL			2. DATE OF DEATH Dec. 19, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY 12-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Marylander Apts.			C. CITY OR TOWN (If outside corporate limits, write R.U.A. and give township) Balto.		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3501 St. Paul St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 22, 1863	9. AGE (In years last birthday) 90	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Ringrose			14. MOTHER'S MAIDEN NAME Mary J. Biddle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Mabel G. Siemonn-3501 St. Paul St.		
18. 420.0 CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) Cerebral vascular accident DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(B) Hypertensive arteriosclerotic heart disease DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June , 19 51 , to Dec 19 , 19 53 that I last saw the deceased alive on Dec 19 , 19 53 and that death occurred at 8:15 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Franklin E. Loebe		23B. ADDRESS 2929 N. Charles St.		23C. DATE SIGNED Dec 22, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/22/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. NAME OF CEMETERY OR CREMATORY Balto., Md.		24F. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1953		REGISTRAR'S SIGNATURE Wm. J. Tucker & Sons		25. FUNERAL DIRECTOR'S ADDRESS Balto 17, Md.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-600
53 11236BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11236

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES L. ROHR

2. DATE
OF
DEATH

Dec. 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2558 Harlem Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2858 Harlem Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 16, 1885

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

building construction

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph A. Rohr

14. MOTHER'S MAIDEN NAME

Mary Jane Kennedy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Carville M. Rohr-2858 Harlem Ave.

18. 422.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)CAUSE OF DEATH
Cerebral hemorrhage and paralysis,
Cardiovascular diseaseINTERVAL BETWEEN
ONSET AND DEATH
4 days
6 mos.

ANTECEDENT CAUSES

(A) DUE TO

(B) Arterio sclerosis

(C) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1953, to Dec. 20, 1953, that I last saw the
deceased alive on Dec. 20, 1953, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2220 Garrison Blvd.

12/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/23/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

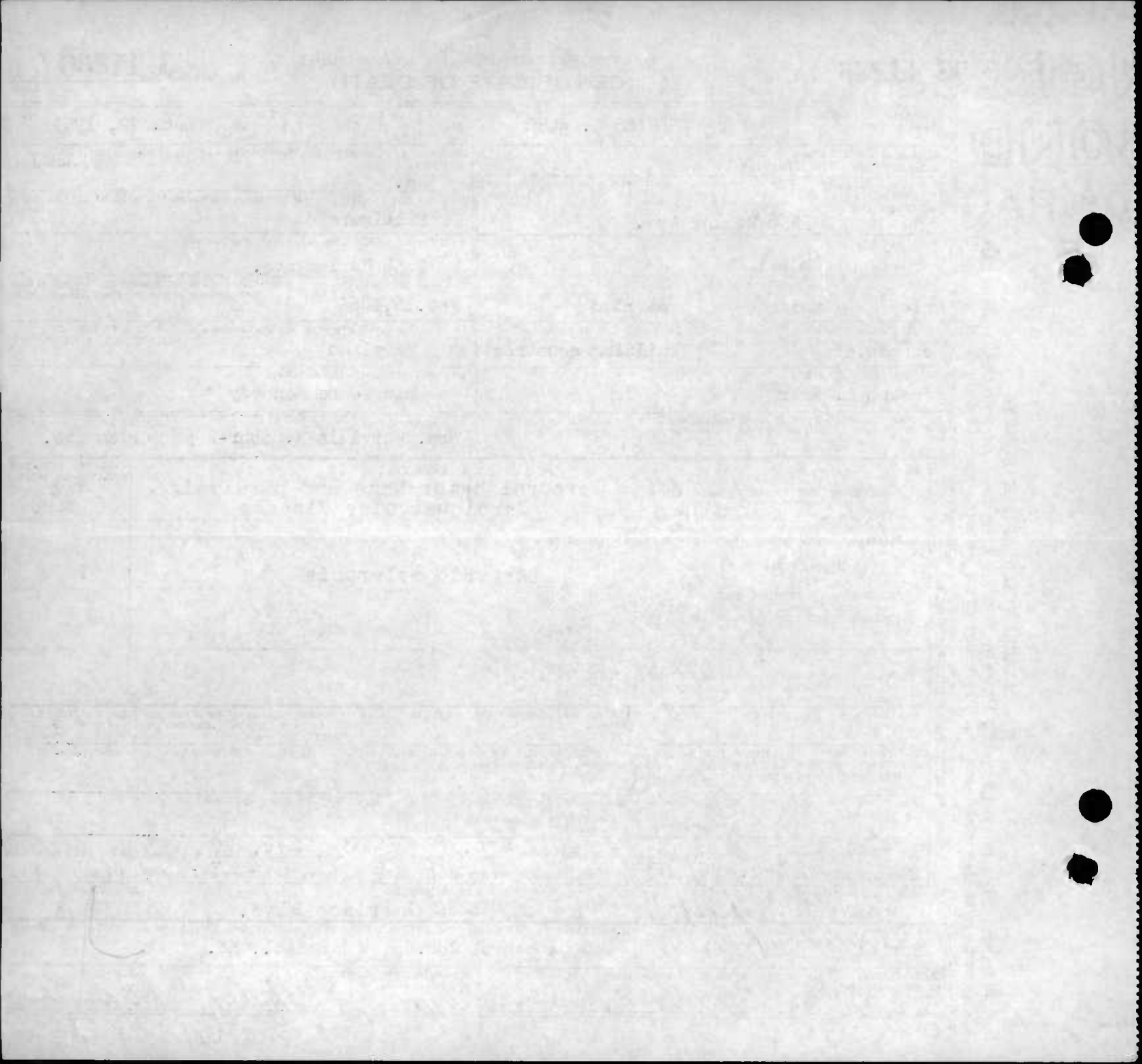
25. FUNERAL DIRECTOR

ADDRESS

VS 150

51024

Balto 17, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

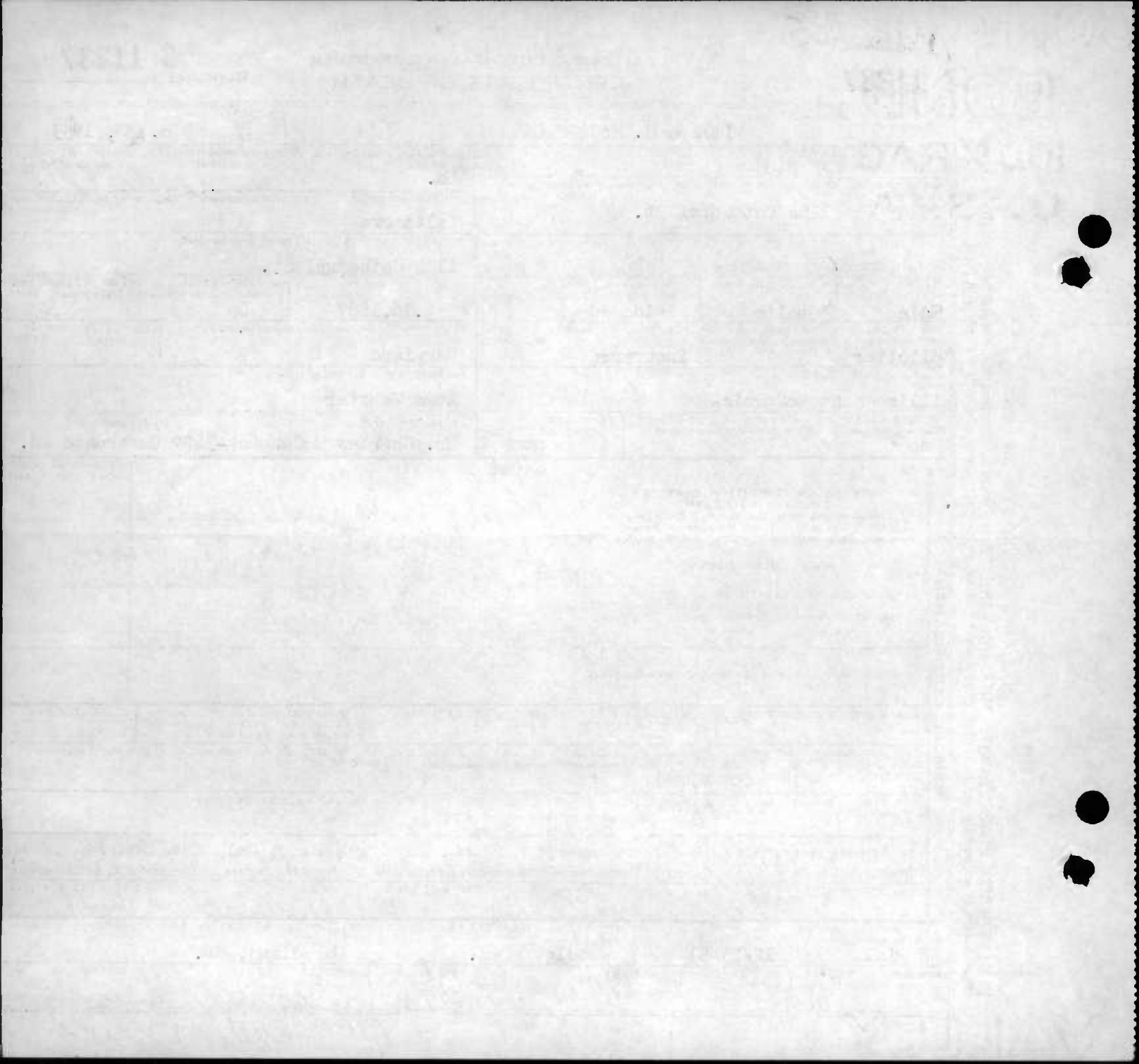
53 11237

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 53 11237
Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM H. McCORMICK			2. DATE OF DEATH Dec. 20, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY 11-20		
b. FULL NAME OF (If not in hospital or institution, give street address or location) 1104 Cathedral St.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 1104 Cathedral St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 16, 1867	9. AGE (In years last birthday) 86	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Solicitor			10b. KIND OF BUSINESS OR INDUSTRY insurance		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME William John McCormick		
14. MOTHER'S MAIDEN NAME Emma Webster			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. none			17. INFORMANT ADDRESS Mr. Charles McCormick-3402 Cedardale Rd.		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Hypertensive Arteriosclerosis Cardio Vascular Disease Cerebral Sclerosis Senility			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. HOW DID INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 19 55 , to Dec 20 , 19 53 that I last saw the deceased alive on Dec 20 , 19 53 , and that death occurred at 5:30 m., from the causes and on the date stated above.					
23a. SIGNATURE Dr. J. J. Stevens		23b. ADDRESS 3400 Erdman Ave		23c. DATE SIGNED 12/21/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/23/53		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24d. LOCATION (City, town, or county) (State) Woodlawn, Md.		24e. LOCATION (City, town, or county) (State)			
24f. DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1953		24g. REGISTRAR'S SIGNATURE Wilmington Williams		24h. FUNERAL DIRECTOR ADDRESS John J. Pickner & Sons Box 17, Md.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-625

53 11238

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11238

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REGINALD G. MORRISON

2. DATE
OF
DEATH

Dec. 20, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION 408 Cedarcroft Rd.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
408 Cedarcroft Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 26, 1873

9. AGE (In years
last birthday)

80

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

pharmacist

10B. KIND OF BUSINESS OR
INDUSTRY

self employed

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel Buckley Morrison

14. MOTHER'S MAIDEN NAME

Lelia Howard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Bessie L. Morrison-408 Cedarcroft Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1932, to Dec 20, 1953, that I last saw the
deceased alive on, 19, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Removal

24B. DATE

12/22/53

24C. NAME OF CEMETERY OR CREMATORY

Greenhill Cem.

24D. LOCATION (City, town, or county)

Berryville, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Baltimore 17, Md.

20811

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-635
53 11239BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11239

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Wyatt S. Jordan</i>		2. DATE OF DEATH <i>Dec-18-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md</i> B. COUNTY <i>16-07</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		D. STREET ADDRESS (If rural, give location) <i>1428 Poplar Grove St</i>		E. LENGTH OF STAY IN BALTIMORE <i>30 yrs.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>4-26-15</i>	9. AGE (In years last birthday) <i>38</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Busketter</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>va</i>	
13. FATHER'S NAME <i>Charles Jordan</i>		14. MOTHER'S MAIDEN NAME <i>Greene Young</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive cardiovascular disease</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		(B) DUE TO	
(C) DUE TO		(D) DUE TO		(E) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>2</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-21</i> , 19 <i>53</i> , to <i>12-18</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-16</i> , 19 <i>53</i> , and that death occurred at <i>4 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard C. Reynolds</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>12/19/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/23/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Park</i>	
24D. LOCATION (City, town, or county) (State) <i>md</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Arbutus</i>		24F. LOCATION (City, town, or county) (State) <i>md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 21 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Mrs. Robt A. Elliott & Sght.</i>	
VS 150		2906A		1129 N. Caroline St.	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-626
53 11240BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11240

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK HOGGARD HARGROVE

2. DATE
OF
DEATH

DEC 19 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Osler 2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

941 Rutland Ave.

c. Length of stay in Baltimore

37 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 16, 1887

9. AGE (In years
last birthday)

66

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Birtie County NC.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Morgan Haggard

14. MOTHER'S MAIDEN NAME

Alice Rayner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebro vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension - severe

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18-1953 to 12-19-1953 that I last saw the
deceased alive on 12-19-1953, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Richard C. Reynolds

M. D.

23B. ADDRESS HOPKINS HOSPITAL

23C. DATE SIGNED

12/19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/23/53

24C. NAME OF CEMETERY OR CREMATORY

Crestview Mem Park

24D. LOCATION (City, town, or county)

Crestview

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 21 1953

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Mrs. Robert A. Elliott

ADDRESS

97099 6629 N. Caroline St.

VS 150

3 11340

NEW YORK STATE DEPARTMENT OF CORRECTIONS

3 11340



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E120
53 11241BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11241

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		JESSIE MAY EBAUGH		2. DATE OF DEATH Dec. 21, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3703 Sequoia Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 3703 Sequoia Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Jan. 29, 1884		9. AGE (in years, last birthday) 69	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher		10B. KIND OF BUSINESS OR INDUSTRY Balto. City		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Zachariah C. Ebaugh				14. MOTHER'S MAIDEN NAME Eliz. Gessford			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Miss Minnie B. Ebaugh-3703 Sequoia Ave.			
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intraventricular hemorrhage DUE TO ANTECEDENT CAUSES Arterio-sclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension (C)				INTERVAL BETWEEN ONSET AND DEATH 3 days ? 10 yrs.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-28-39, 19, to 12-21-53, 19, that I last saw the deceased alive on 11/20, 1953, and that death occurred at 6 a. m., from the causes and on the date stated above.							
23A. SIGNATURE Wanda B. Cellan				23B. ADDRESS 6 E. Eager St., Balto. 2, Md.		23C. DATE SIGNED 12/21/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/23/53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.		24D. LOCATION (City, town, or county) (State) Pikesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 21 1953		REGISTRAR'S SIGNATURE Huntington Williams		FURNERAL DIRECTOR J. Pickens & Sons		ADDRESS Barto. 17, Md.	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-252
53 11242BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11242

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM EDWARD MAGINNIS

2. DATE OF DEATH
Dec. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

5003 Edmondson Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

5003 Edmondson Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Sept. 16, 1875

9. AGE (In years, last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rtd-Drug Business -Retail

10B. KIND OF BUSINESS OR INDUSTRY

Drugs

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Maginnis

14. MOTHER'S MAIDEN NAME

Fannie Lucretia Godfrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
none17. INFORMANT ADDRESS
Dr. Helen M. Fearing-5003 Edmondson Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) Arteriosclerotic heart disease 10 yrs
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 1945, to 12/19, 1953, that I last saw the deceased alive on 12/18, 1953, and that death occurred at 2:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

C. Edward Beach

M. D.

23B. ADDRESS

14 E. Eager St.

23C. DATE SIGNED

12/21/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/22/53

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Mausoleum

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

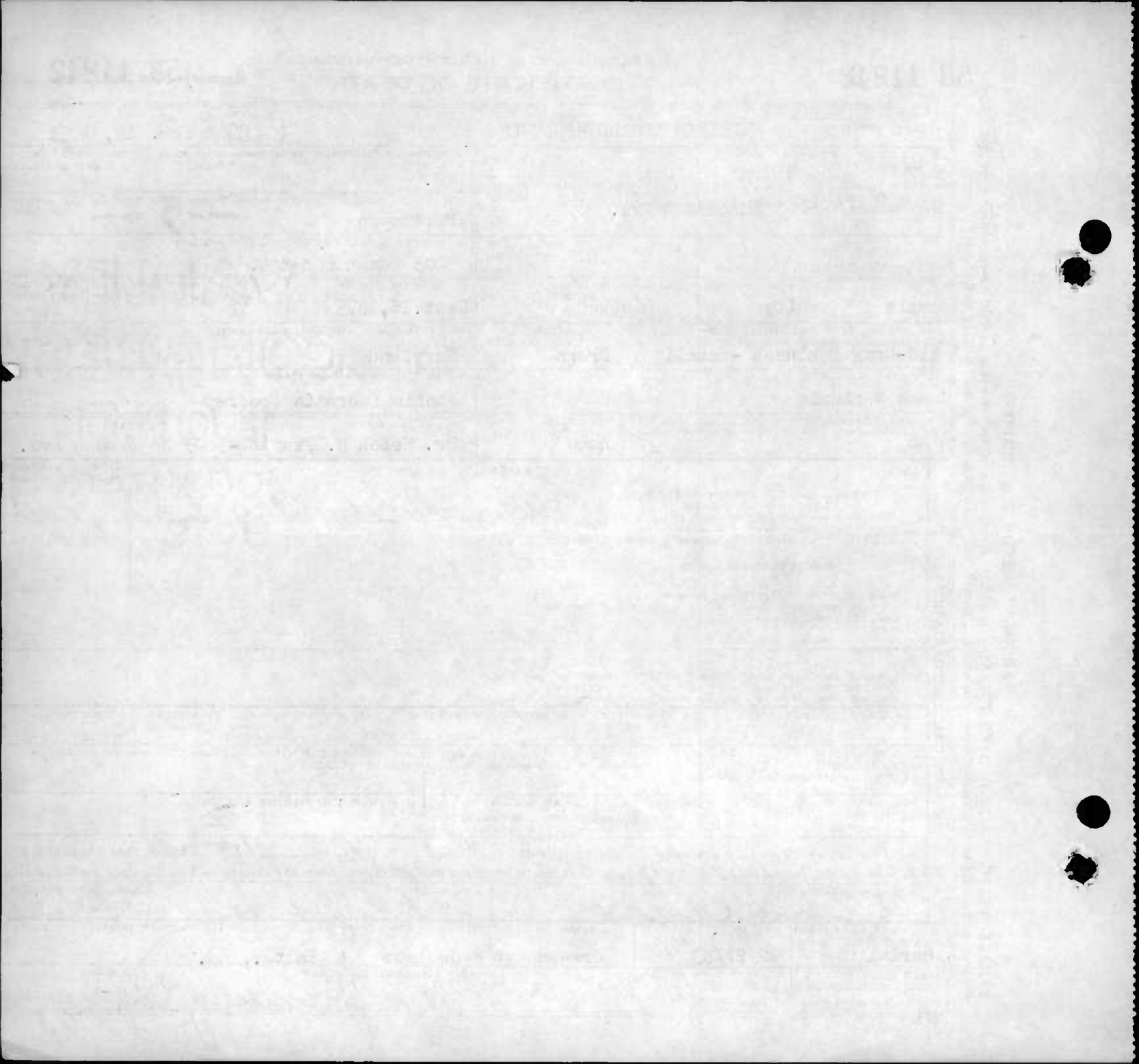
25. FUNERAL DIRECTOR

J. Vickers & Sons

ADDRESS

Balto 17 Md

DEC 21 1953
VS 150



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARGIN RESERVED FOR BINDING

53 11243

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11243
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

W. Wallace De Buys

2. DATE
OF
DEATH

Dec 21-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1318 Linden Ave

C. CITY OR TOWN

Balto. City

D. STREET ADDRESS (If rural, give location)

1318 Linden Ave

c. Length of stay in Baltimore

18 Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

P.

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Specialties Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Mutual Insurance of Omaha

11. BIRTHPLACE (State or foreign country)

Louisiana

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Lucien De Buys

14. MOTHER'S MAIDEN NAME

Lucille

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

119-25-8765

17. INFORMANT

ADDRESS

Mrs W. Wallace De Buys 1318 Linden Ave

18. 420.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary Thrombosis -

INTERVAL BETWEEN ONSET AND DEATH

30 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio sclerotic type heart disease with cardiac hypertrophy and congestive failure and hypertension

(C) Generalized atherosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arthritis of spinal joints

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14, 1953, to Dec 21, 1953 that I last saw the deceased alive on Dec 20, 1953, and that death occurred at 2A m., from the causes and on the date stated above.

23. SIGNATURE

Wm. Mischel

23A. ADDRESS

1015 Poplar Street

23C. DATE SIGNED

Dec 21/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/23/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem

24D. LOCATION (City, town, or county)

Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR

DEC 21 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Lassahn Funeral Home 7401 Belair Rd.

ADDRESS

Dr. Michaels

1015 Poplar Grove St.
between 4 & 6 pm this afternoon

B-260
53 11244BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11244

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY AGNES BAKER

2. DATE
OF
DEATH

Dec 21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

5108 Whiteford Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO -

27-11

D. STREET ADDRESS (If rural, give location)

5108 Whiteford Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAR. 30 1903

9. AGE (in years,

last birthday)

50

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO - MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHAS. Litchfield

14. MOTHER'S MAIDEN NAME

SHANAHAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

NO

16. SOCIAL
SECURITY NO.

219-16-7190

17. INFORMANT

JAMES BAKER - 5108 Whiteford Ave

ADDRESS

18. 443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Vascular Accident 5 minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Hypertensive Cardia Vascular Disease 6 yrs.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fibrillating Heart.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1952 to Dec. 20, 1953 that I last saw the
deceased alive on Dec. 19, 1953, and that death occurred at 12:45 PM. from the causes and on the date stated above.

23A. SIGNATURE

Herbert W. Lapan

M. D.

23B. ADDRESS

3321 Frederick Ave

23C. DATE SIGNED

12-21-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Dec. 23 '53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

Old Frederick Rd Balt. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Kenny Inc 1600 Boekers

ADDRESS

DEC 21 1953

3321 Frederick Ave.

W. 536

53 11245

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11245
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lily A. Winter

2. DATE
OF
DEATH

Dec. 19 / 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2711 W. Belvedere Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-17

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

2711 W. Belvedere Ave

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

Aug 26, 1879

9. AGE (In years
last birthday)

74

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel J. Frocks

14. MOTHER'S MAIDEN NAME

Clive E. Wenzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Nelson S. Winter 2020 Oakhurst

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

12.14.53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from DEC 14, 1953 to DEC 19, 1953 that I last saw the
deceased alive on DEC 19, 1953 and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John D. Beubert

23B. ADDRESS

M. D. 4903 Park Heights Ave

23C. DATE SIGNED

12-21-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 22/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 22 1953

Huntington Williams, M.D.

Loring Byron 5005 Park Heights Ave

1151

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1151



B-656

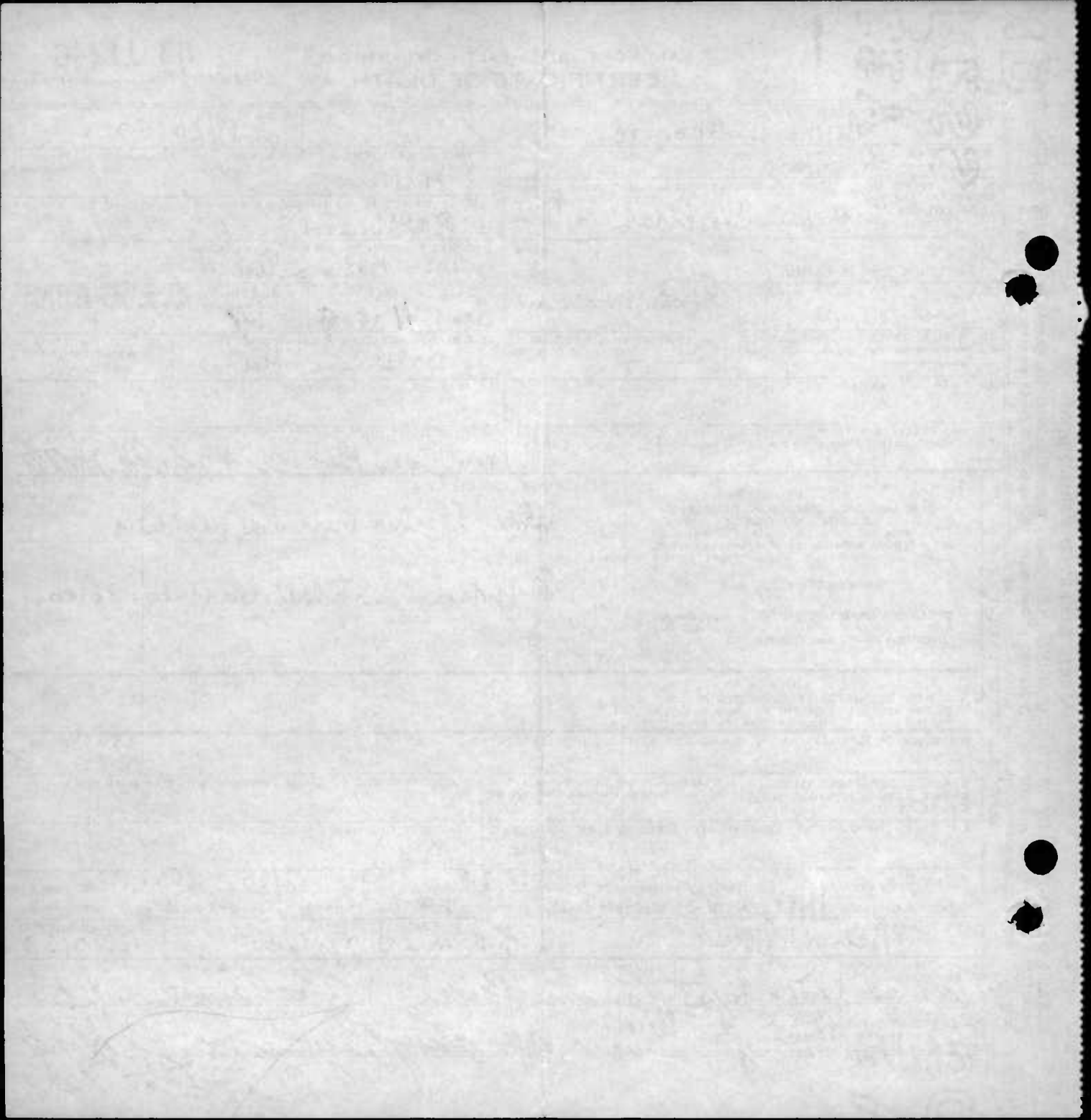
53 11246

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11246

Registered No.

1. NAME OF DECEASED (Type or Print) Anna D. Boerner			2. DATE OF DEATH 12/20/52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Guthrie Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 4014 Belman Ave # 16		
5. SEX female	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Sept. 11 1889		9. AGE (in years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME		
14. MOTHER'S MAIDEN NAME			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Mr. Chas Boerner 4741 Ph. North		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-vascular accident			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive - cardiovascular disease					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/20 , 19 53 , to 12/20 , 19 53 , that I last saw the deceased alive on 12/20 , 19 53 , and that death occurred at 9:50 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Heinrich Hain		23b. ADDRESS Guthrie Hospital		23c. DATE SIGNED 12/20/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 23/53		24c. NAME OF CEMETERY OR CREMATORY London Park	
24d. LOCATION (City, town, or county) (State) Baltimore Md.		24e. DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953		24f. REGISTRAR'S SIGNATURE Huntington W. Haines, M.D.	
24g. FUNERAL DIRECTOR Long Byers		24h. ADDRESS 5005 Ph. North		24i. SIGNATURE Edith	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-460 53 11247		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11247	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) JOSEPHINE KOLAR			2. DATE OF DEATH DEC. 19, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MARYLAND b. COUNTY Baltimore		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3008 LINWOOD AVE-14			c. CITY OR TOWN BALTIMORE (If outside corporate limits, write RURAL and give township) 5300		
c. Length of stay in Baltimore 60 YRS.			d. STREET ADDRESS (If rural, give location) 3008 LINWOOD AVE - 14		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 3, 1890	9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) BOHEMIA	
13. FATHER'S NAME JOSEPH DUSEK			14. MOTHER'S MAIDEN NAME NOT KNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS MARY VANCURA 3008 LINWOOD AVE	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute coronary occlusion and cardiovascular disease.			CAUSE OF DEATH Generalized arteriosclerosis and congestive heart failure		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Senility			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 15, 1953 , to Dec 17, 1953 , that I last saw the deceased alive on 12/12 , 19 53 , and that death occurred at 3:30 m., from the causes and on the date stated above.					
23a. SIGNATURE Frank J. Kark		23b. ADDRESS 9005 Hartford Rd.		23c. DATE SIGNED 12/21/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-29-1953		24c. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	
24d. LOCATION (City, town, or county) (State) BALTIMORE MD-6		25. FUNERAL DIRECTOR ADDRESS FR. CVACH & SON 900 N. CHESTER ST. 5			
DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953		REGISTRAR'S SIGNATURE Huntington Williams			

1951

1951



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11248

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11248
Registered No.

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Patrick E. Cotter.			Dec 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE Maryland.		
505 W. 27th St.			B. COUNTY Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
5. SEX Male			8. DATE OF BIRTH Sept 1, 1871		
6. COLOR OR RACE White			9. AGE (In years last birthday) 82		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Payer		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Payer			11. BIRTHPLACE (State or foreign country) Ireland.		
13. FATHER'S NAME Patrick Cotter.			12. CITIZEN OF WHAT COUNTRY? Ireland.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Unknown.		
16. SOCIAL SECURITY NO.			17. INFORMANT Edward Cotter		
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cardiac Muscular DUE TO Generalized Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH ?			ADDRESS 306 W. 30th St.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from November 1953, to Dec 20, 1953, that I last saw the deceased alive on Dec 17, 1953, and that death occurred at 6:40 P. M., from the causes and on the date stated above.					
23A. SIGNATURE J. J. J.		23B. ADDRESS 1241 E North St.		23C. DATE SIGNED 12-21-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 23/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Old Frederick Rd. Md		25. FUNERAL DIRECTOR Huntington Williams		25. FUNERAL DIRECTOR Austin E. Donovan	
DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 3818 Roland Ave.	
VS 150					

Jan 20, 1933

Section 2, Section

Section

Section

Section

Section

Section

Section

Section

Section

S. A.

CONGRESS

BOND

WATLEY

WATLEY

WATLEY

WATLEY

WATLEY

WATLEY

D-600

53 11249

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11249

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph W. Darr

2. DATE
OF
DEATH

12/20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Doctors Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-15

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4348 FALLS ROAD

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

DEC 21 1880

9. AGE (In years last birthday)

72

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED FILLING STATION OPERATOR

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

PA.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

WILLIAM DARR.

14. MOTHER'S MAIDEN NAME

MARY KAUFMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

PANSY M. DARR-4348 FALL RD

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

A. DUE TO

Atherosclerotic Heart Disease

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

B. DUE TO

Generalized arteriosclerosis 20 yrs.

C.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1953, to 12-20, 1953, that I last saw the deceased alive on 12-20, 1953, and that death occurred at 11:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

A. A. S. M. D.

23B. ADDRESS

Tangle Gardens Apt.

23C. DATE SIGNED

12/20/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 27 1953

Huntington Williams

Christian E. Donovan

3818 Roland Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13

53-115

53-115

OFFICE OF THE ATTORNEY GENERAL

MEMORANDUM FOR THE ATTORNEY GENERAL
SUBJECT: [Illegible]
DATE: [Illegible]
FROM: [Illegible]

1. [Illegible]
2. [Illegible]
3. [Illegible]
4. [Illegible]
5. [Illegible]

6. [Illegible]
7. [Illegible]
8. [Illegible]
9. [Illegible]
10. [Illegible]

11. [Illegible]
12. [Illegible]
13. [Illegible]
14. [Illegible]
15. [Illegible]

16. [Illegible]
17. [Illegible]
18. [Illegible]
19. [Illegible]
20. [Illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-630 **BALTIMORE CITY HEALTH DEPARTMENT** **CERTIFICATE OF DEATH** **Registered No. 53 11251**

53 11251 *Monterbelto*

1. NAME OF DECEASED (Type or Print) **Bennett A. Hardy**

2. DATE OF DEATH **12-19-53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION **Provident Hospital**
C. Length of stay in Baltimore **3 months**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** **B. COUNTY** **Baltimore**
C. CITY OR TOWN **Calonsville**
D. STREET ADDRESS (If rural, give location) **14 Shipley Ave**

5. SEX **Female** **6. COLOR OR RACE** **colored** **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** **Infant**

8. DATE OF BIRTH **Aug. 12, 1953** **9. AGE (In years last birthday)** **4 mos**

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Infant** **10B. KIND OF BUSINESS OR INDUSTRY** **Infant**

11. BIRTHPLACE (State or foreign country) **Maryland** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13. FATHER'S NAME **Charles Hardy** **14. MOTHER'S MAIDEN NAME** **Grace Smith**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **(If yes, give war or dates of service)** **16. SOCIAL SECURITY NO.** **17. INFORMANT** **Charles Hardy** **ADDRESS** **14 Shipley Ave**

18. 010X I **CAUSE OF DEATH** **INTERVAL BETWEEN ONSET AND DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) **(A) Meningitis, Enteric fever** **DUE TO**

ANTECEDENT CAUSES **(B)** **DUE TO** **(C)**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION **0** **19B. CONDITION FOR WHICH OPERATION WAS PERFORMED** **IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II** **20. AUTOPSY?** **YES** **NO**

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) **21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)** **21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **21E. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 12-5-53, 19 to 12-19-53, that I last saw the deceased alive on 12-19-53 and that death occurred at 7:11 p. m., from the causes and on the date stated above.

23A. SIGNATURE **Jorge R. Lemo** **M. D.** **23B. ADDRESS** **Provident Hospital** **23C. DATE SIGNED** **12/21/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **24B. DATE** **24C. NAME OF CEMETERY OR CREMATORY** **24D. LOCATION (City, town, or county) (State)**

Burial **12-22-53** **Western Ave Cem** **Calonsville Md**

DATE RECEIVED BY LOCAL REGISTRAR **REGISTRAR'S SIGNATURE** **25. FUNERAL DIRECTOR** **ADDRESS**

DEC 22 1953 **Huntington Williams, M.D.** **James C. Hendley, Jr.** **578a**

VS 150

15-11-23

Bennett A Hardy

Providence Hospital

John A. Hardy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11252		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11252	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) John R. Kelbel			2. DATE OF DEATH Dec. 18, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1605 North Chapel St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-06		
c. Length of stay in Baltimore 48 Years			D. STREET ADDRESS (If rural, give location) 1605 North Chapel St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1895	9. AGE (in years last birthday) 58	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10B. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Robert Kelbel			14. MOTHER'S MAIDEN NAME Elizabeth ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 215-10-3396	17. INFORMANT ADDRESS Mrs Margaret E. Kelbel Same		
18. 445x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Malignant Hypertension DUE TO INTERSTITIAL NEPHRITIS ANTECEDENT CAUSES (B) Interstitial Nephritis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Acute Dilation of heart INTERVAL BETWEEN ONSET AND DEATH about 18 months about 6 months			II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March, 1952, to December, 1953, that I last saw the deceased alive on Dec. 18, 1953, and that death occurred at 11:30 P. M., from the causes and on the date stated above.					
23A. SIGNATURE M. E. G. G. G.		23B. ADDRESS 516 Cathedral St.		23C. DATE SIGNED Dec. 21, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/22/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) Baltimore Md.		24E. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery		24F. LOCATION (City, town, or county) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Henry Sander & Sons Inc. Baltimore Maryland	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11253

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) WHITELEY LECOMPTE SAUNDERS		2. DATE OF DEATH Dec. 19. 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 8 E. 39th St.		C. CITY OR TOWN (if outside corporate limits, write RURAL, and give township) Baltimore 18 12-01	
C. Length of stay in Baltimore 43 yrs.		D. STREET ADDRESS (if rural, give location) 8 East 39th Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 25. 1877
9. AGE (In years last birthday) 76 yrs		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country) Madison, Dorchester Co. Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Saunders		14. MOTHER'S MAIDEN NAME Katherine Tall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Julia Elizabeth Saunders		ADDRESS 8 East 39th St.	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 55 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio Sclerosis		? years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Oct 17 1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DIED (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from October 27 1953 to December 14 1953 , that I last saw the deceased alive on Dec. 17, 1953 , and that death occurred at 1 p. m. , from the causes and on the date stated above.							
23A. SIGNATURE Charles Saunders		23B. ADDRESS M. D. 6 E. Real St.		23C. DATE SIGNED 12/21/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 22. 1953		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS Baltimore Md.	

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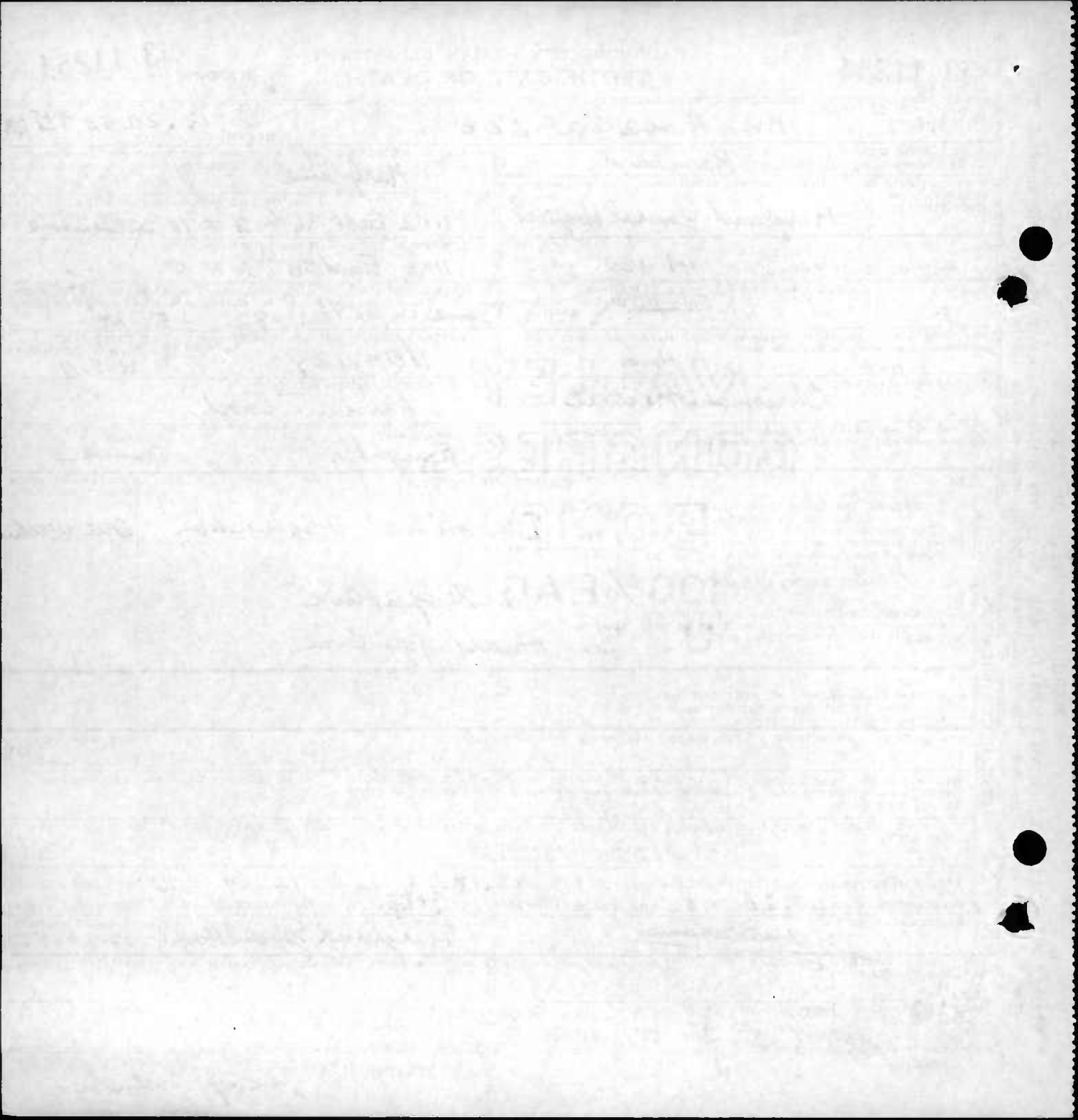
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11254

1. NAME OF DECEASED (Type or Print) Mrs. Amalia C. Boe			2. DATE OF DEATH 12.20.53 9:45 PM		
3. PLACE OF DEATH: A. Baltimore City, Maryland Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 9-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1102 East 36th St # 18 Baltimore		
c. Length of stay in Baltimore 41 yrs.			D. STREET ADDRESS (If rural, give location) 1102 East 36th St # 18		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH June 26, 1871		9. AGE (In years last birthday) 82
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) NORWAY		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Christian Meidell			14. MOTHER'S MAIDEN NAME Anna Flood		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Daughter		ADDRESS Same
18. 570.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Intestinal Obstruction DUE TO Cardiopathic Heart failure			INTERVAL BETWEEN ONSET AND DEATH One week.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Cardiopathic (C) Heart failure					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12.18.53, 1953 , to 12.20, 1953 that I last saw the deceased alive on 12.20, 1953 and that death occurred at 9:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. J. Kesterman		23B. ADDRESS Maryland General Hosp.		23C. DATE SIGNED 12.20.53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 24, 1953	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. ADDRESS Baltimore Md.	

Henry Sander



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 252

53 11255 BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11255

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Maie Ma Wiggington</i>		2. DATE OF DEATH <i>12/31/53</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>8-05</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Hospital for the Women and.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1504 Clifton ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 11, 1887</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (In years last birthday) <i>66</i>
11. BIRTHPLACE (State or foreign country) <i>Berlin Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.C.</i>	
13. FATHER'S NAME <i>Henry Mumford</i>		14. MOTHER'S MAIDEN NAME <i>Charlotte Moore</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>212-01-3227</i>	
17. INFORMANT <i>Maie Ann Wiggington</i>		ADDRESS <i>1504 Clifton</i>	
18. <i>592X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Uremia</i> DUE TO <i>Chronic glomerulonephritis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i> <i>6 yrs</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>1:55 am</i>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 30</i> , 1953 to <i>Dec 21</i> , 1953 that I last saw the deceased alive on <i>Dec 20</i> , 1953 and that death occurred at <i>1:55 am.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>W. Edgar Hard Rinn</i>		23B. ADDRESS <i>W. Edgar Hard Rinn</i>	
23C. DATE SIGNED <i>Dec 21-53</i>		23D. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 23. 1953</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Parsons Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Salisbury Md.</i>	
25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>		ADDRESS <i>Baltimore Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 22 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	

VS 150

Sgt. J. Sander.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age of the deceased is especially important. Physicians: please write the causes of death clearly and legibly.

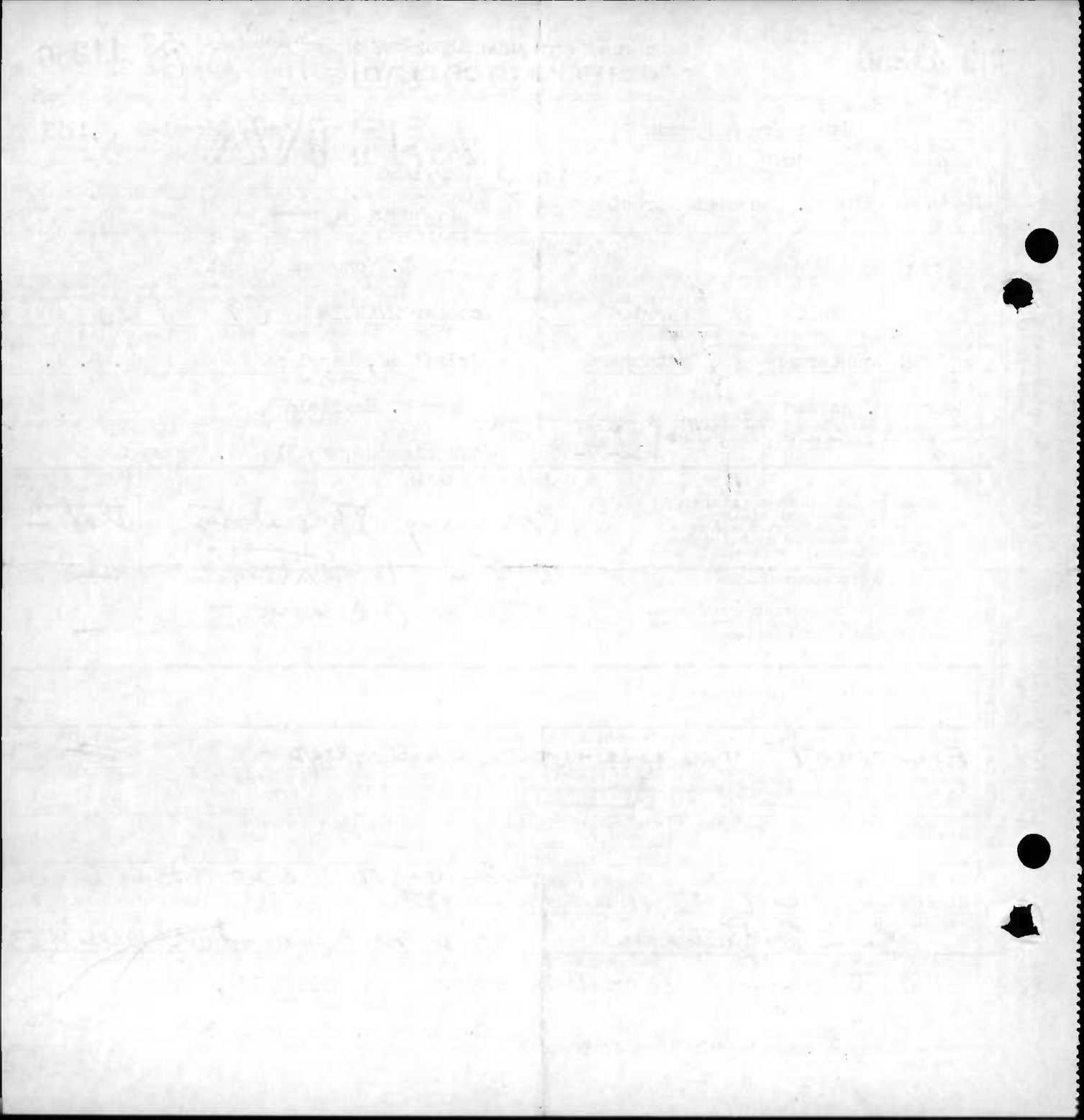
H-550
53 11256BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11256

BIRTH NO.			1. NAME OF DECEASED (Type or Print) James Frank Hayman			2. DATE OF DEATH December 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3105 E. Monument Street			D. STREET ADDRESS (If rural, give location) 3105 E. Monument Street			c. Length of stay in Baltimore 46 Yrs. Mo Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH October 27th, 1884		9. AGE (In years last birthday) 69	If Under 1 Year Months: 1 Days: 23	If Under 24 Hours Hours: 1 Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Counterman			10B. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME George W. Hayman			14. MOTHER'S MAIDEN NAME Mary E. Rayfield					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 212-07-6903		17. INFORMANT ADDRESS Josephine Hayman 3105 E. Monument St			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis			CAUSE OF DEATH (A) arterial Hypertension DUE TO (B) arteriosclerosis DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH stat -		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION Feb - 1957			19B. MAJOR FINDINGS OF OPERATION Varicose veins - both legs -				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 6 - 1957 to Dec 20 , 1953, that I last saw the deceased alive on Dec 19 , 1953, and that death occurred at 4:20 P. m. , from the causes and on the date stated above.								
23A. SIGNATURE Louis F. Krumm			23B. ADDRESS 722 No. Kenwood Ave			23C. DATE SIGNED Dec 21/53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 12-24-53		24C. NAME OF CEMETERY OR CREMATORY Crisfield Cemetery		24D. LOCATION (City, town, or county) (State) Crisfield, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953			REGISTRAR'S SIGNATURE Huntington Williams, M.D.			25. FUNERAL DIRECTOR ADDRESS Frederick D. Miller Inc 3019 Monument St		

VS 150

760 6M



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

53 11257

LULA. SCHOENFELD
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11257
Registered No.1. NAME OF DECEASED
(Type or Print)

Schoenfeld Lula

2. DATE
OF
DEATH

12/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give town or township)

Baltimore #30 23-0

43
C. Length of stay in Baltimore

70 yrs

D. STREET ADDRESS (If rural, give location)

1510 Hancock Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1883

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J. S. Schoenfeld

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT'S NAME ADDRESS

Henry F. Schmidt 11801 Antelope

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOUremia +
Hypostatic congestion of lung
Cerebral thrombosis

ANTECEDENT CAUSES

(B)
DUE TO

Generalized arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/18, 1953 to 12/21, 1953, that I last saw the
deceased alive on 12/21, 1953 and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23. SIGNATURE

Donald Dennis Jensen M. O.

23B. ADDRESS

1213 Lytle St.

23C. DATE SIGNED

12/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial Dec 24, 1953 Western

24C. NAME OF CEMETERY OR CREMATORY

Balt

24D. LOCATION (City, town, or county) (State)

Mae

DATE RECEIVED BY
LOCAL REGISTRAR

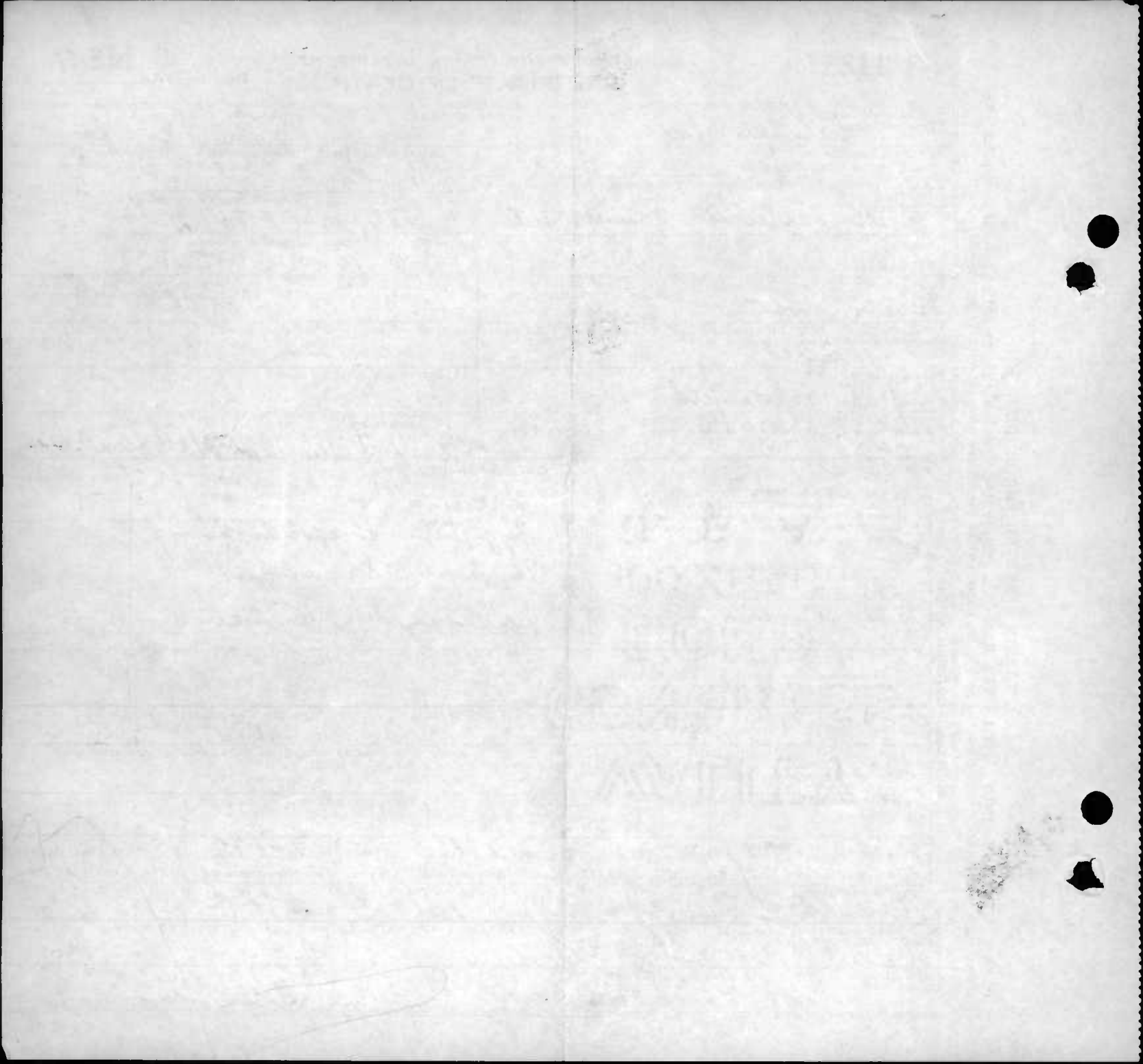
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 22 1953 Huntington Williams, 11801 Antelope St. 1400 S. Charles

VS 150



MARGIN RESERVED FOR BINDING

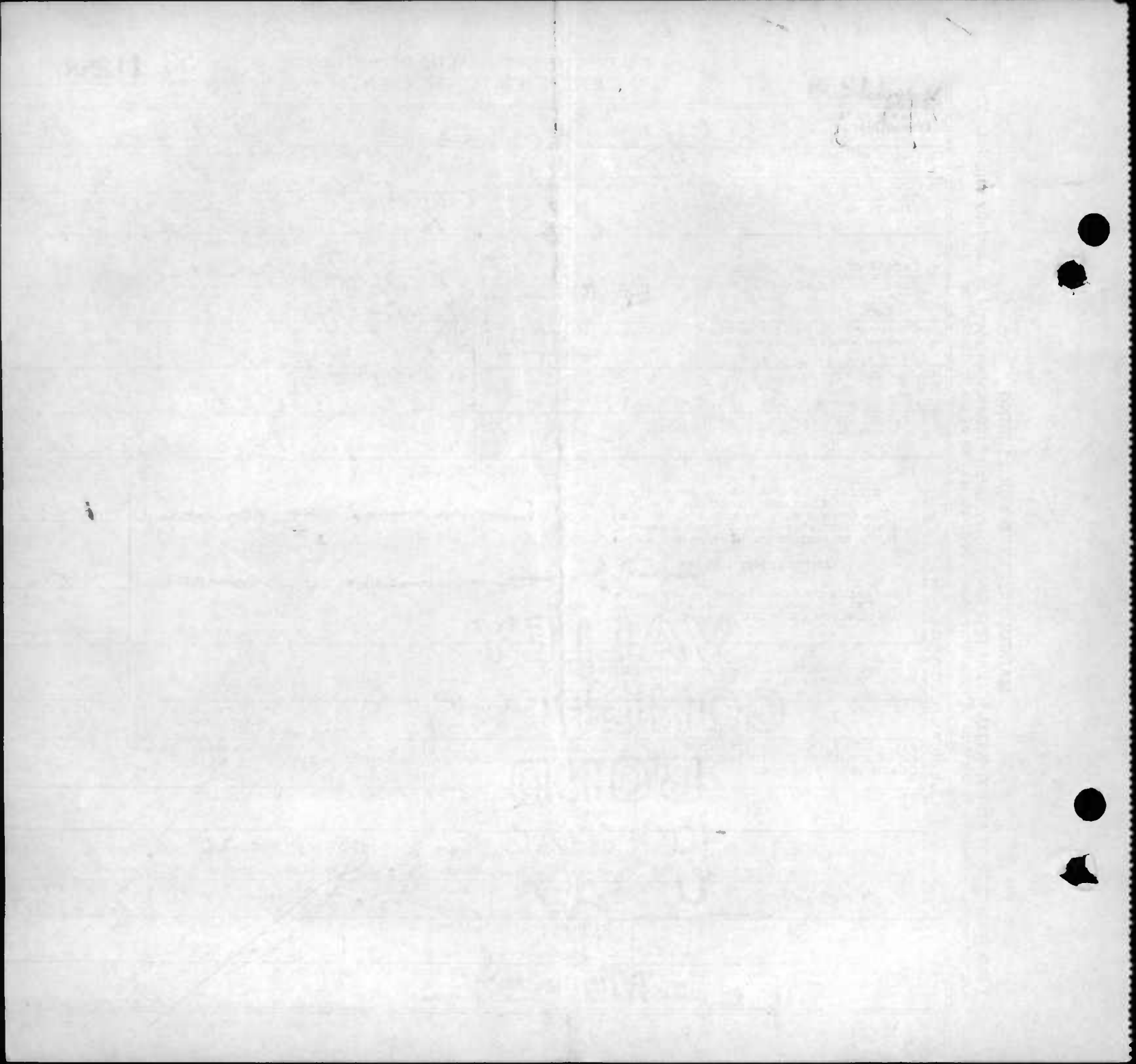
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11258

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11258
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Georgie J Thompson</i>		2. DATE OF DEATH <i>Dec 20 - 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>60 6000 Bellona Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-09</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1427 Northgate Rd</i>	
5. SEX <i>F. 33</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Mar 21 - 1873</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>George J Ash</i>		14. MOTHER'S MAIDEN NAME <i>Ella Beale</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs Arthur Wise - 1816 Chilton St</i>		ADDRESS	
18. <i>157X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		CAUSE OF DEATH (A) <i>Carcinomatosis, generalized</i> 1 yr - DUE TO (B) <i>Carcinoma - ? pancreas</i> 2 yrs. DUE TO (C)	
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 8, 1953</i> to <i>Dec 20, 1953</i> , that I last saw the deceased alive on <i>Dec 20, 1953</i> and that death occurred at <i>5 P. m.</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>H R Freeman</i>		23B. ADDRESS <i>11 W. 29th St</i>	
23C. DATE SIGNED <i>Dec 21, 1953</i>		23D. ADDRESS	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Dec 22 - 1953</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 22 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Wm Cook Inc - 1217 St Paul St</i>		ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-620

53 11259

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11259
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Phillip Marzi

2. DATE
OF
DEATH

12-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Lincoln Memorial Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Fowson

D. STREET ADDRESS (If rural, give location)

9 Linden Terrace

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1878

9. AGE (In years
last birthday)

75

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter - ret.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Philip Marzi

14. MOTHER'S MAIDEN NAME

Catherine Doble

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

217-09-5817

17. INFORMANT

ADDRESS

Margaret Marzi - 1045 Patmore St

18.

420.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral thrombosis &
Arterio-sclerotic heart-
disease

DUE TO

(B) Arterio-sclerotic

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6, 1953 to 12-19, 1953, that I last saw the
deceased alive on 12-15, 1953, and that death occurred at 5:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

G. Waller Shennings

M. D.

23B. ADDRESS

2301 Harlem Ave

23C. DATE SIGNED

12/19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 22-1953

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 22 1953

Huntington Williams, Jr.

Tom Croft Inc - 1217 St Paul St

VS 150

BEST

BEST

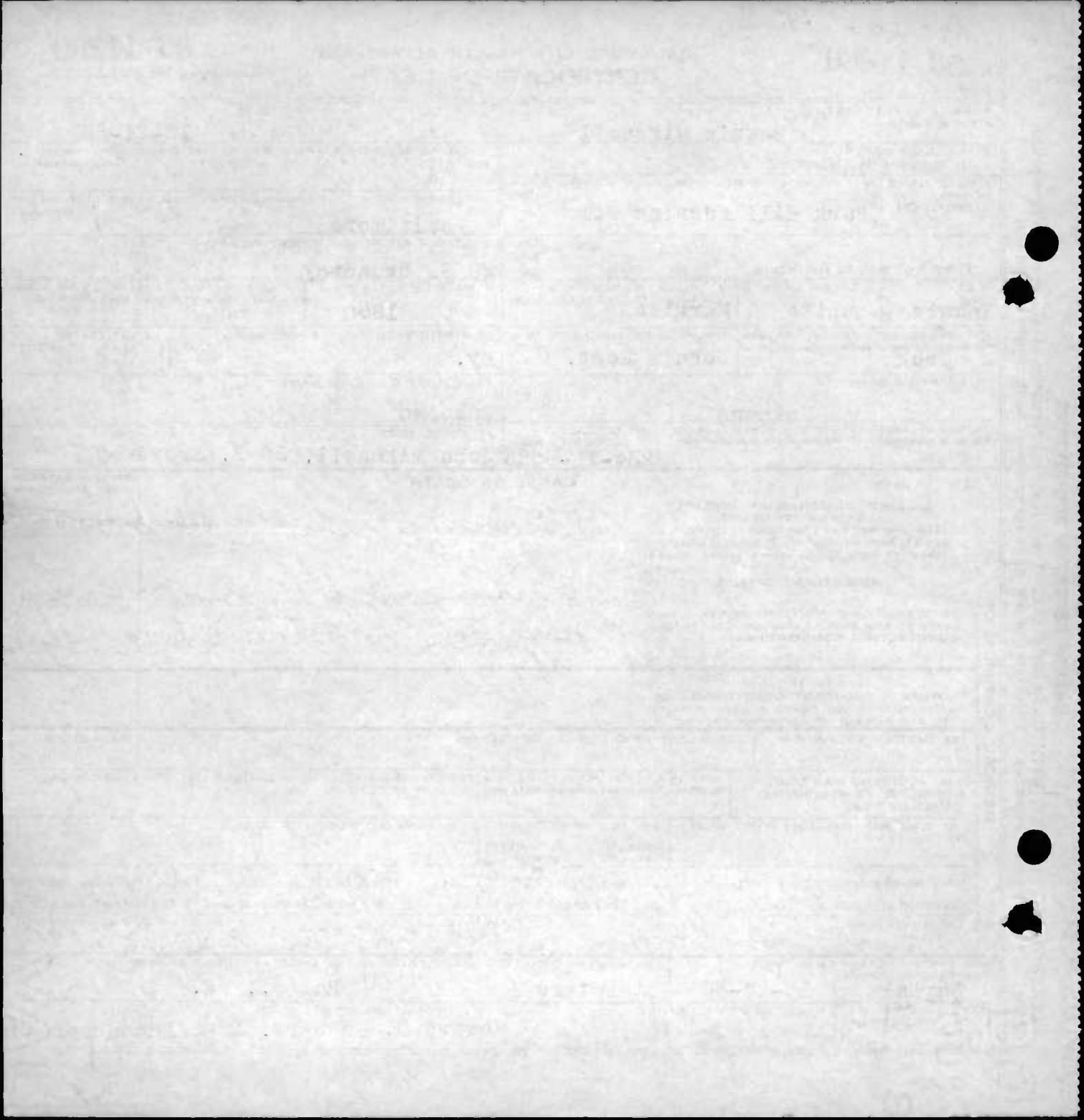
M-224
53 11260BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11260

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH			
			Bessie Mikesell			12-21-53			
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION 60 Park Hill Nursing Home						A. STATE Md			
C. Length of stay in Baltimore 30 yrs						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-02			
5. SEX Female						D. STREET ADDRESS (If rural, give location) 20 S. Broadway			
6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1890		9. AGE (In years last birthday) 63		If Under 1 Year Months Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook				10B. KIND OF BUSINESS OR INDUSTRY John's Rest.		11. BIRTHPLACE (State or foreign country) Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Unknown						14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 234-18-5523		17. INFORMANT ADDRESS John Mikesell, 20 S. Broadway			
18. 334 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						CAUSE OF DEATH (A) Myocardial Insufficiency DUE TO (B) Hemiplegia (right) 4 yrs DUE TO (C) Hypertension Arteriosclerosis 4 yrs		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from July 6, 1953 to Dec. 21, 1953 that I last saw the deceased alive on Dec. 5, 1953 and that death occurred at m., from the causes and on the date stated above.									
23A. SIGNATURE John F. Seizelbach			M. D.			23B. ADDRESS 1803 Eastern Ave		23C. DATE SIGNED 12-23-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-23-53		24C. NAME OF CEMETERY OR CREMATORY St Peters		24D. LOCATION (City, town, or county) (State) Balto., Md.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			25. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 2503 Edmondson Ave				

7546M



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 522 *DESPINA FANGIKIS* *Duplicate*
 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH
 Registered No. *53 11261*

53 11261
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Fangikis Despina</i>		2. DATE OF DEATH <i>12/20/53</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>North Belts. Gen. Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>11 years</i> Yrs. <i>11</i> Mos. <i>0</i> Days <i>0</i>		d. STREET ADDRESS (If rural, give location) <i>7 Irving Place #31</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>12/26/1916</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Greece</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Thomas Desmetti</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Husband</i>		ADDRESS <i>7 Irving Pl.</i>	
18. <i>42011</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>12-19-53</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Acute coronary occlusion</i>		DUE TO <i>Arterio sclerosis</i> <i>1948</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <i>None</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>None</i>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>None</i>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>None</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> WHILE AT HOME <input type="checkbox"/> <i>None</i>	
22. I hereby certify that I attended the deceased from <i>12/19</i> , 19 <i>53</i> , to <i>12/20</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/20</i> , 19 <i>53</i> , and that death occurred at <i>4:20</i> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <i>E. Schmitt</i>		23b. ADDRESS <i>5428 E. 9th</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-22-53</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Green Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Windsor Mill Rd. Md.</i>	
25. FUNERAL DIRECTOR <i>Lambros Inc</i>		ADDRESS <i>440 E. North Av.</i>	

DEC 22 1953 VS 150

Dr. Hummel.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-620

53 11262

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11262

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sophie M. Merkey

2. DATE
OF
DEATH

Dec 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Dept 5

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-29-'96

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David Beery

14. MOTHER'S MAIDEN NAME

Annie Strickler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 155X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12-1953 to 12-21-1953, that I last saw the
deceased alive on 12-21-1953, and that death occurred at 1:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

W Gordon Walker

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

21 Dec 53

24A. BURIAL, CREMA-
TION (Specify)

24B. DATE

Dec 24-53

24C. NAME OF CEMETERY OR CREMATORY

Family Cem

24D. LOCATION (City, town, or county)

Lynchburg Va

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 22 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lilly & Zeiler Inc. 403 S. Wolfe St

VS T50

H H H

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARGIN RESERVED FOR BINDING

B-200

53 11263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11263

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Beck

2. DATE
OF
DEATH

Dec. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital of Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cockeysville

D. STREET ADDRESS (If rural, give location)

Masonic Home

5300

C. Length of stay in Baltimore

83 yrs

5. SEX

male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/17/1870

9. AGE (In years last birthday)

83

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Beck, Masonic Home, -Cockeysville

1B. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) heart failure
DUE TO Ca of Stomach (possible)

1 Month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5th, 1953, to 12/22nd, 1953, that I last saw the deceased alive on 12/22nd, 1953, and that death occurred at 1:00 A m., from the causes and on the date stated above.

23A. SIGNATURE

John Mantawar, M.D.

23B. ADDRESS

Lutheran Hospital of Maryland

23C. DATE SIGNED

22nd Dec 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Dec 24-1953

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

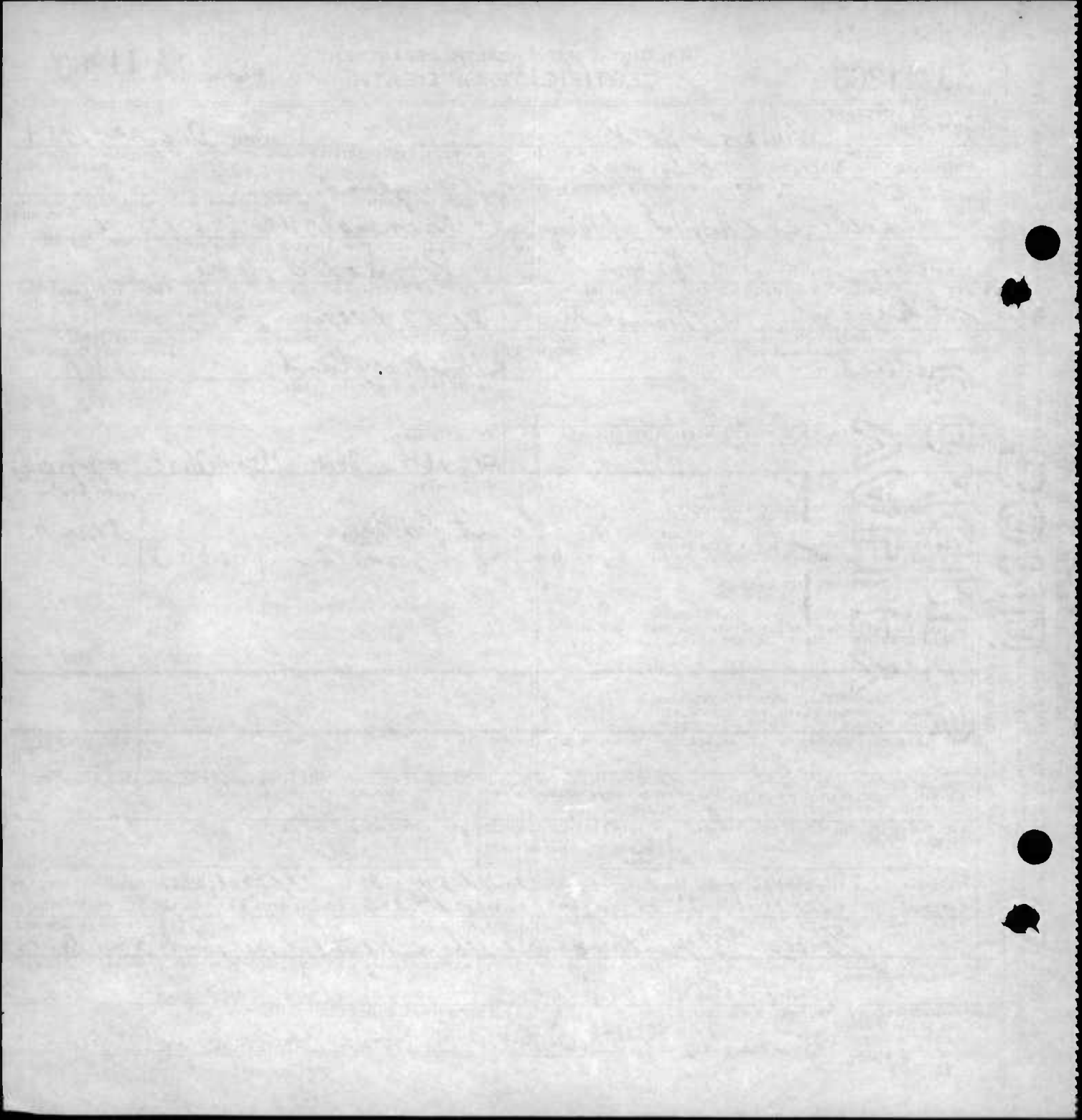
ADDRESS

DEC 22 1953

Huntington Williams, Mortuary Inc - 1217 St Paul St

VS 150

7-200



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-400

53 11264

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11264

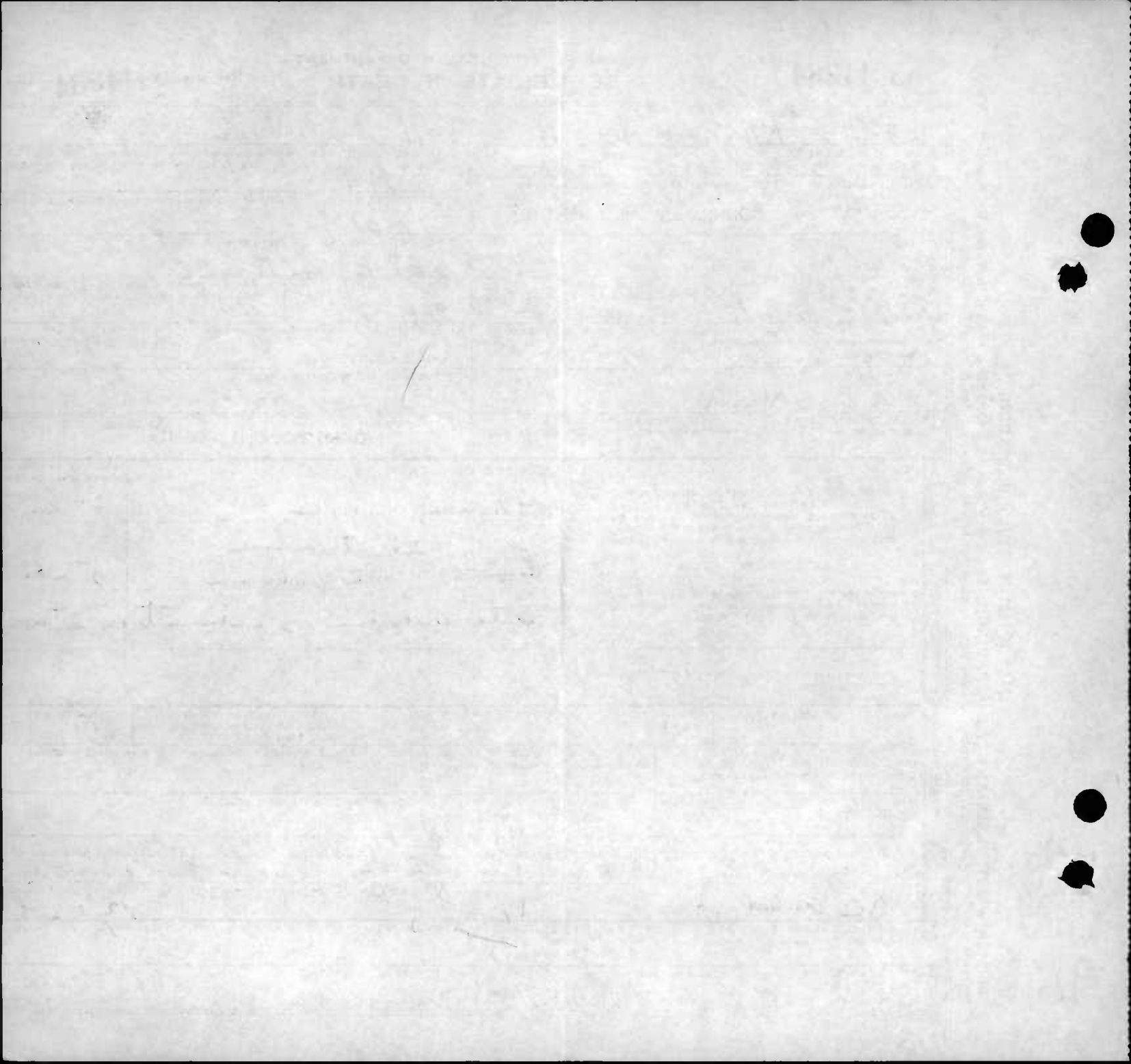
1. NAME OF DECEASED (Type or Print) Katherine H. Bell			2. DATE OF DEATH DEC 21 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland B.U.I. 4			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 9-04		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 628 E. 31st. ST.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH 2-11-74		9. AGE (In years last birthday) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Co.
13. FATHER'S NAME Adam Hahn			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 204.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Pulmonary embolus		INTERVAL BETWEEN ONSET AND DEATH 3+ hrs.
ANTECEDENT CAUSES		(A) DUE TO Phlebotrombosis		2+ wks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO Acute leukemia of unknown type		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		

19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12-8-1953** to **12-21-1953** that I last saw the deceased alive on **12-21-1953**, and that death occurred at **445 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE J. C. Daniel J.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12/21/53
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Dec 23-1953	24C. NAME OF CEMETERY OR CREMATORY London Park	24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm Cook Inc - 1217 St Paul St		ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11265
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11265
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Arthur R. Johnson</i>			2. DATE OF DEATH <i>Dec 20, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1516 n. Pulaski st</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 15-03</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1516 n. Pulaski st</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Oct 30, 1891</i>	9. AGE (In years last birthday) <i>62</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
13. FATHER'S NAME <i>Richard Johnson</i>			14. MOTHER'S MAIDEN NAME <i>Charlotte Robinson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Kate Johnson</i>			ADDRESS <i>1516 n. Pulaski st</i>		
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Cardiac Vascular Disease</i> DUE TO <i>Myocardial Infarction</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary Artery Disease</i> DUE TO <i>Arteriosclerosis</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>7</i> <i>6 mo</i>		
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-16</i> , 19 <i>50</i> , to <i>12-20</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-20</i> 19 <i>53</i> , and that death occurred at <i>10 am.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles W. ...</i>		23B. ADDRESS <i>86 ...</i>		23C. DATE SIGNED <i>12-20-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-23-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>md</i>		25. FUNERAL DIRECTOR <i>George S. Kelson</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 22 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		ADDRESS <i>1303 Prestman st</i>	

2011-12-15

11:25

2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5-530

53 11266

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11266

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miss Claudia M. Smith

2. DATE
OF
DEATH

Dec. 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4000 White Avenue

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-34

D. STREET ADDRESS (If rural, give location)

4000 White Avenue

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

March 3 1878

9. AGE (In years

last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Saleswoman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John W. Smith

14. MOTHER'S MAIDEN NAME

Ada V. McCafferty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. J. Walter Smith, 4000 White Ave.

18.

331X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Cerebral hemorrhage

(B)

DUE TO

Hypertension, arteriosclerosis

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

17 hours

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

22. I hereby certify that I attended the deceased from 10/12, 1953, to 12/20, 1953, that I last saw the deceased alive on 12/19, 1953, and that death occurred at 5:40 m., from the causes and on the date stated above.

23A. SIGNATURE

Nancy D. McCarty

23B. ADDRESS

37 W. Preston St

23C. DATE SIGNED

12/21/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 22 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 22 1953

Huntington Williams

Leonard J. Ruck, 5305 Harford Road.

550

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

53 11267

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. John David Seaman

2. DATE
OF
DEATH

Dec. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

423 Evesham Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

423 Evesham Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 12, 1892

9. AGE (In years last birthday)

61

10. Under 1 Year 11. Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Wills Dairy

11. BIRTHPLACE (State or foreign country)

Gettysburg, Penna.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Seaman

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anna Seaman, 423 Evesham Ave.

18.

442x I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hypertensive Cardiovascular disease

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis

?

(C)

Nephrosclerosis

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Dec 19, 1953 that I last saw the deceased alive on Dec 19, 1953, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Frederick J. Vollmer

23B. ADDRESS

6100 York Rd. Balto - 12

23C. DATE SIGNED

Dec 21, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 22, 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Frederick J. Vollmer

25. PUNERAL DIRECTOR

Leonard J. Back

ADDRESS

5305 Harford Rd.

VS 150

49041

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

Dr. Vollmer
6100 York Rd
Id 5 7636

F-632

53 11268

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11268

BIRTH NO. 53 11268			1. NAME OF DECEASED (Type or Print) Mr. Joseph F. Freitag			2. DATE OF DEATH Dec. 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-44		
B. FULL NAME OF HOSPITAL OR INSTITUTION 5901 Sefton Avenue			D. STREET ADDRESS (If rural, give location) 5901 Sefton Avenue			c. Length of stay in Baltimore Yrs. Mos. Days		
6. SEX male	7. COLOR OR RACE white	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	9. DATE OF BIRTH Mar. 4, 1866			10. AGE (In years last birthday) 87		11. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Labor B. & O.			10B. KIND OF BUSINESS OR INDUSTRY R. R.			11. BIRTHPLACE (State or foreign country) Germany		
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Marie Sauers, 5901 Sefton Ave.		
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			CAUSE OF DEATH A. Ventricular fibrillation			INTERVAL BETWEEN ONSET AND DEATH Immediate		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			B. Anterior choroidal cerebral vascular disease			5 yrs.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan 18, 1950 to Dec 20, 1953, that I last saw the deceased alive on Dec 20, 1953, and that death occurred at 2:30 P. M., from the causes and on the date stated above.								
23A. SIGNATURE Edwin S. Osburne			23B. ADDRESS 56 W. Harford Rd.			23C. DATE SIGNED Dec 21/1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Dec. 23, 1953			24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.		
24D. LOCATION (City, town, or county) (State) A. A. Co. Maryland			25. FUNERAL DIRECTOR Leonard J. Jack			ADDRESS 5505 Harford Road.		
DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953			REGISTRAR'S SIGNATURE Huntington Williams					

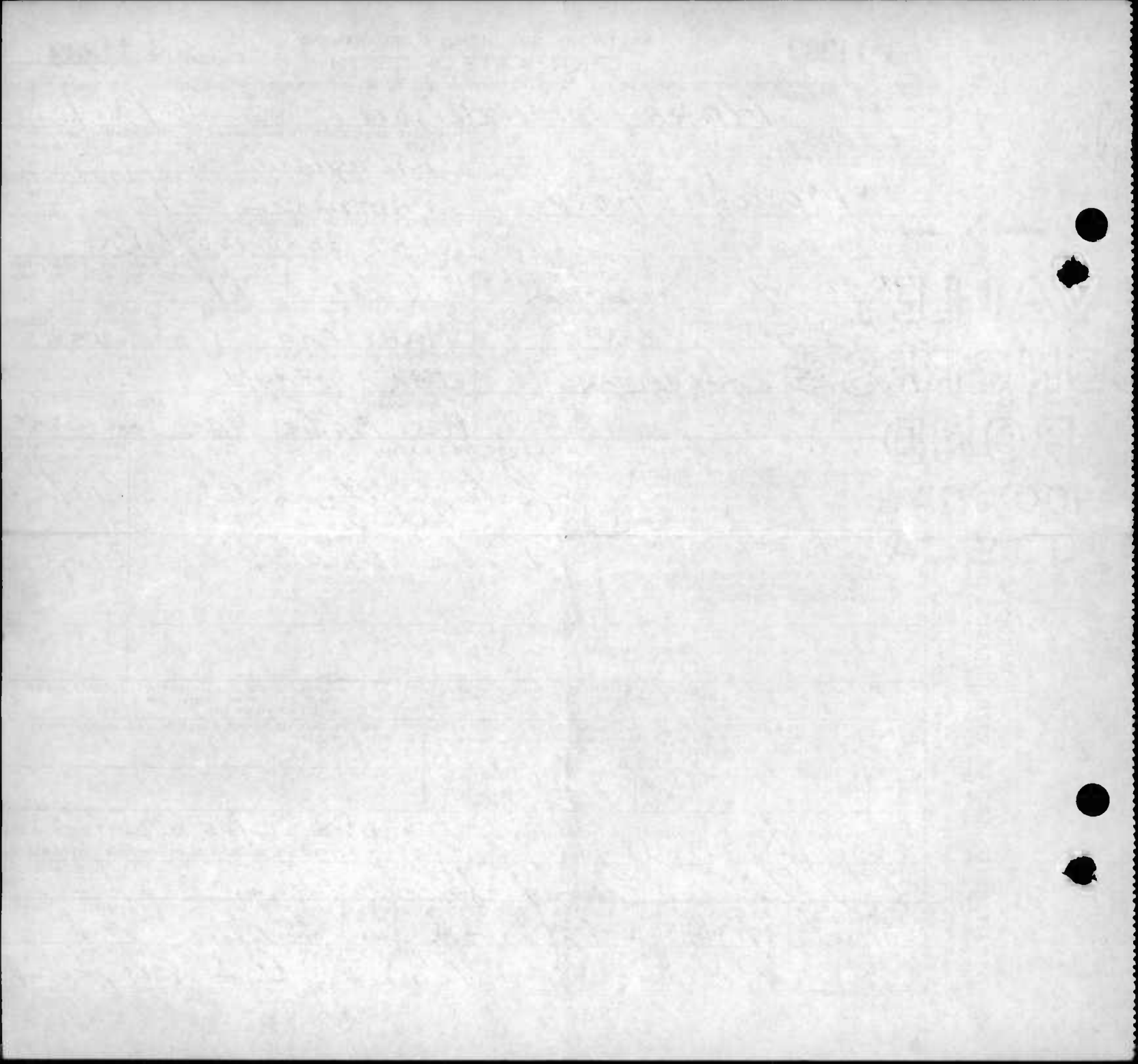
Dr. Osborne
5600 Harford Road.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-625 53 11269		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11269	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) HARRY S. HARRISON			2. DATE OF DEATH 12/21/53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MARYLAND b. COUNTY BALTIMORE c. CITY OR TOWN BALTIMORE d. STREET ADDRESS (If rural, give location) 27-03 2607 GOODWOOD RD		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hosp.			e. STREET ADDRESS (If rural, give location)		
c. Length of stay in Baltimore			f. STREET ADDRESS (If rural, give location)		
5. SEX M	6. COLOR OR RACE W	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify) married	8. DATE OF BIRTH 12/25/91	9. AGE (In years last birthday) 61	10. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRUGGIST			10b. KIND OF BUSINESS OR INDUSTRY SELF		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME WM. S. HARRISON			14. MOTHER'S MAIDEN NAME IDA ENGLE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT MRS. MATTIE HARRISON			ADDRESS SAME		
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Posterior Myocardial Infarction DUE TO Diabetes Mellitus INTERVAL BETWEEN ONSET AND DEATH ? 10 days ? 1 yr.			CAUSE OF DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION 0			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		
19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21d. HOW DID INJURY OCCUR?		
21e. TIME (Month) (Day) (Year) (Hour) OF INJURY			21f. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from 12/20/53 to 12/21, 1953 that I last saw the deceased alive on 12/21, 1953 and that death occurred at 3:08 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE William G. Leonard			23b. ADDRESS 5305 Bayford		
23c. DATE SIGNED 12/21/53			23d. NAME OF CEMETERY OR CREMATORY Parkwood Cem		
23e. LOCATION (City, town, or county) (State) Balts Ind			23f. DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953		
REGISTRAR'S SIGNATURE Huntington Williams			25. FUNERAL DIRECTOR Leonard J. Ruck		
ADDRESS 5305 Bayford			VS 150		

0736L



F-200
53 11270BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11270
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-19-1953, to 12-21-1953, that I last saw the deceased alive on 12-21-1953, and that death occurred at 8:51 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

11-10

11-10

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of burial date	
17. Signature of burial time		18. Signature of burial location		19. Signature of burial depth		20. Signature of burial width	
21. Signature of burial length		22. Signature of burial height		23. Signature of burial weight		24. Signature of burial volume	
25. Signature of burial area		26. Signature of burial perimeter		27. Signature of burial surface		28. Signature of burial interior	
29. Signature of burial exterior		30. Signature of burial foundation		31. Signature of burial structure		32. Signature of burial system	
33. Signature of burial method		34. Signature of burial technique		35. Signature of burial process		36. Signature of burial procedure	
37. Signature of burial protocol		38. Signature of burial policy		39. Signature of burial plan		40. Signature of burial strategy	
41. Signature of burial tactic		42. Signature of burial approach		43. Signature of burial mode		44. Signature of burial style	
45. Signature of burial fashion		46. Signature of burial trend		47. Signature of burial movement		48. Signature of burial revolution	
49. Signature of burial change		50. Signature of burial development		51. Signature of burial progress		52. Signature of burial improvement	
53. Signature of burial innovation		54. Signature of burial advancement		55. Signature of burial growth		56. Signature of burial expansion	
57. Signature of burial increase		58. Signature of burial decrease		59. Signature of burial fluctuation		60. Signature of burial stability	
61. Signature of burial consistency		62. Signature of burial variability		63. Signature of burial uniformity		64. Signature of burial diversity	
65. Signature of burial similarity		66. Signature of burial dissimilarity		67. Signature of burial identity		68. Signature of burial individuality	
69. Signature of burial uniqueness		70. Signature of burial commonality		71. Signature of burial rarity		72. Signature of burial frequency	
73. Signature of burial scarcity		74. Signature of burial abundance		75. Signature of burial paucity		76. Signature of burial plenty	
77. Signature of burial lack		78. Signature of burial surplus		79. Signature of burial deficit		80. Signature of burial excess	
81. Signature of burial shortage		82. Signature of burial overflow		83. Signature of burial want		84. Signature of burial need	
85. Signature of burial demand		86. Signature of burial supply		87. Signature of burial request		88. Signature of burial offer	
89. Signature of burial proposal		90. Signature of burial agreement		91. Signature of burial contract		92. Signature of burial covenant	
93. Signature of burial promise		94. Signature of burial assurance		95. Signature of burial guarantee		96. Signature of burial warranty	
97. Signature of burial obligation		98. Signature of burial responsibility		99. Signature of burial liability		100. Signature of burial accountability	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CCG-177870

53 11271

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11271

1. NAME OF DECEASED
(Type or Print)

Walter Green

2. DATE
OF
DEATH

12-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Baltimore City Hospitals location)
INSTITUTION 4940 Eastern, AveC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

203 S. Fagley, St

c. Length of stay in Baltimore

32 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 12, 1885

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

Crown Cork & Seal

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

B. C. H. 4940 Eastern, Ave (records)

ADDRESS

18. 010X and 260X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Tuberculous Meningitis

DUE TO

Tuberculous Spondylitis - (Spondylitis)

(B)

Diabetes Mellitus

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-19, 1953 to 12-20, 1953, that I last saw the
deceased alive on 12-20, 1953, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams, M.D.

23B. ADDRESS

4940 Eastern, Ave Balto. Md.

23C. DATE SIGNED

12-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-24-53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Ave. Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 22 1953

H. J. Williams, M.D.

J. B. Connolly 5500 Bank St.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 11272**

53 11272

1. NAME OF DECEASED (Type or Print) JOHN F. RADOMSKI			2. DATE OF DEATH Dec. 19-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 525 S. Rappolla St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 30 yrs.			D. STREET ADDRESS (If rural, give location) 525 S. Rappolla St.		
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 5-1879		9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milk Worker			10B. KIND OF BUSINESS OR INDUSTRY Beth Steel Co. (ret.)		11. BIRTHPLACE (State or foreign country) Germany
13. FATHER'S NAME Frank Radomski			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Rose Radomski (Wife)		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic C. V. disease	CAUSE OF DEATH Arteriosclerotic C. V. disease	INTERVAL BETWEEN ONSET AND DEATH 27 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis generalized	Arteriosclerosis generalized	5 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchial asthma	Bronchial asthma	15 years

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan.**, 1951, to **Dec.**, 1953, that I last saw the deceased alive on **Dec. 19, 1953**, and that death occurred at **5 P.** m., from the causes and on the date stated above.

23A. SIGNATURE Benj. B. Moreshead	23B. ADDRESS 448 N. Luzerne Ave.	23C. DATE SIGNED 12/21/53
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 23-53	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus Cem	24D. LOCATION (City, town, or county) (State) Balto. Md
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DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953	REGISTRAR'S SIGNATURE William M. [Signature]	25. FUNERAL DIRECTOR John G. Cronelly	ADDRESS 411 E. Easton
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VS 150

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Balto 21 Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

R-352

UNITED STATES DEPARTMENT OF HEALTH
CENTRO OF DEATH

478 N. Virginia Ave, C-8

CAUSE OF DEATH

1. DISEASE OR INJURY
2. MANNER OF DEATH
3. PLACE OF DEATH
4. TIME OF DEATH
5. DATE OF DEATH

1. DISEASE OR INJURY
2. MANNER OF DEATH
3. PLACE OF DEATH
4. TIME OF DEATH
5. DATE OF DEATH

1. DISEASE OR INJURY
2. MANNER OF DEATH
3. PLACE OF DEATH
4. TIME OF DEATH
5. DATE OF DEATH

1. DISEASE OR INJURY
2. MANNER OF DEATH
3. PLACE OF DEATH
4. TIME OF DEATH
5. DATE OF DEATH

1. DISEASE OR INJURY
2. MANNER OF DEATH
3. PLACE OF DEATH
4. TIME OF DEATH
5. DATE OF DEATH

1. DISEASE OR INJURY
2. MANNER OF DEATH
3. PLACE OF DEATH
4. TIME OF DEATH
5. DATE OF DEATH

1. DISEASE OR INJURY
2. MANNER OF DEATH
3. PLACE OF DEATH
4. TIME OF DEATH
5. DATE OF DEATH

1. DISEASE OR INJURY
2. MANNER OF DEATH
3. PLACE OF DEATH
4. TIME OF DEATH
5. DATE OF DEATH

1. DISEASE OR INJURY
2. MANNER OF DEATH
3. PLACE OF DEATH
4. TIME OF DEATH
5. DATE OF DEATH

1. DISEASE OR INJURY
2. MANNER OF DEATH
3. PLACE OF DEATH
4. TIME OF DEATH
5. DATE OF DEATH

1. DISEASE OR INJURY
2. MANNER OF DEATH
3. PLACE OF DEATH
4. TIME OF DEATH
5. DATE OF DEATH

1. DISEASE OR INJURY
2. MANNER OF DEATH
3. PLACE OF DEATH
4. TIME OF DEATH
5. DATE OF DEATH

MARGIN RESERVED FOR BINDING

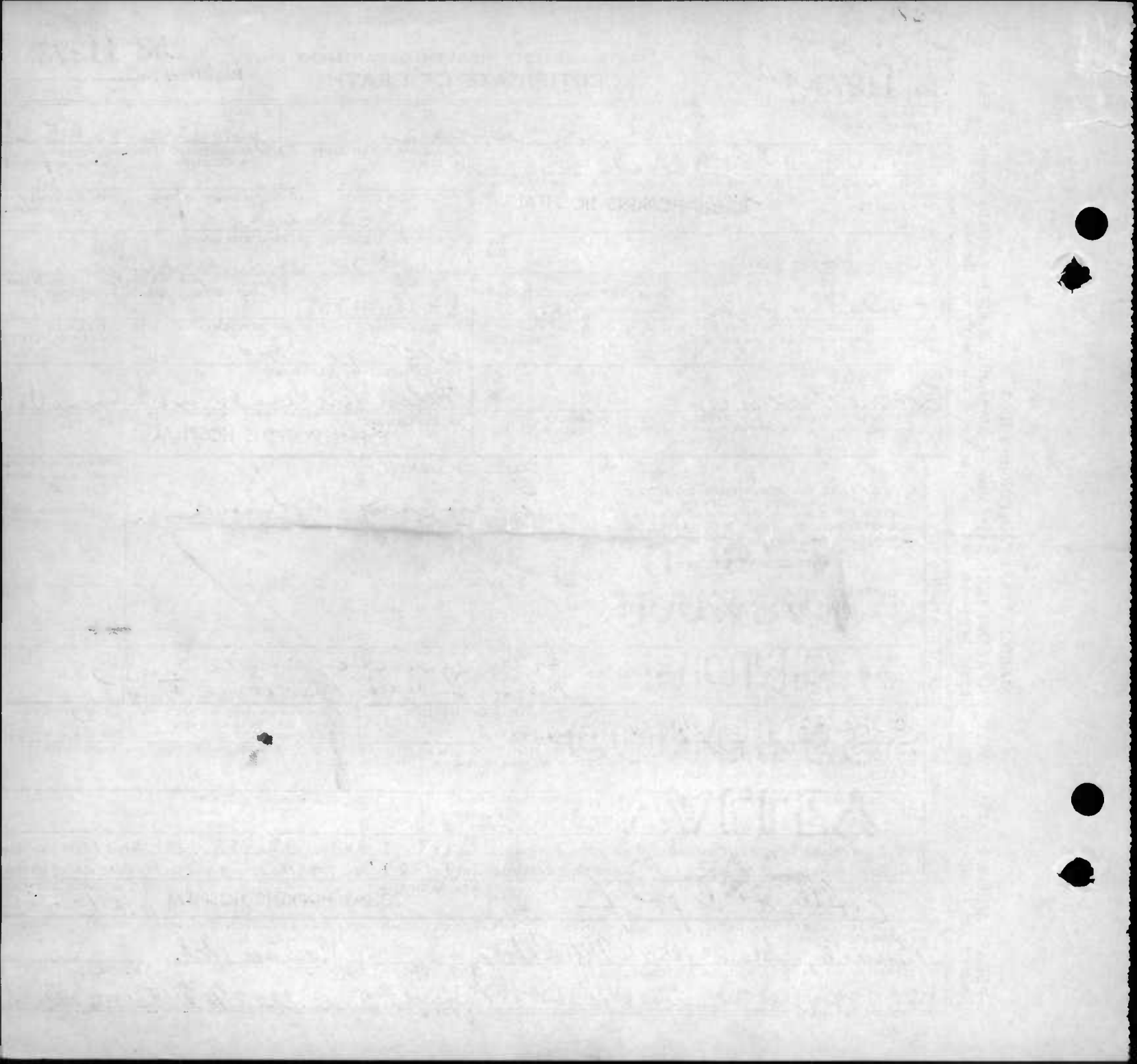
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11273

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Richard Serisio</i>			2. DATE OF DEATH <i>Dec. 18, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Y. Surg. Stal 25.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind</i> B. COUNTY <i>Ind</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>466 Cummings Ct.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>5-15-1936</i>		9. AGE (In years last birthday) <i>17</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>James Serisio</i>			14. MOTHER'S MAIDEN NAME <i>Helen Anderson 466 Cummings Ct.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>754.6</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary edema</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arterio-venous aneurysm, brain, Intracerebral hematoma</i>					
19A. DATE OF OPERATION <i>9-17-53</i>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>A.V. aneurysm</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/17, 1953</i> to <i>12/18, 1953</i> , that I last saw the deceased alive on <i>12/18, 1953</i> and that death occurred at <i>3:09 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Arthur D. Kaplan</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>12-19-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 23, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 22 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Joseph L. Rios 2222 W. North Ave. Balt. Md.</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11274

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 53 11274
 Registered No. 3098

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ESTELLA BOYER (BERMAN) BERRYMAN

2. DATE
OF
DEATH 12/19/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 930 N. GILMOR STREET

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

930 N. GILMOR STREET

c. Length of stay in Baltimore

60YRS.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

7/24/1894

9. AGE (In years,
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

JOHN BOYER

14. MOTHER'S MAIDEN NAME

ISABELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

MRS. CORA BOYD, 2304 ROSEDALE ST.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH
 DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) myocarditis

unknown

ANTECEDENT CAUSES

 DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) arterio sclerosis

unknown

(C)

II

 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from 10-24, 1953, to 12-19, 1953, that I last saw the
deceased alive on 12-18, 1953, and that death occurred at 1:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Frank A. Saunders

M. D.

23B. ADDRESS

1029 N. Stricker St.

23C. DATE SIGNED

12-22-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12/22/53

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEM.

24D. LOCATION (City, town, or county)

BALTO. MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 22 1953

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

CHARLES G. COOPER-512 CARROLLTON AV.

1951

1951

1951

1951

1951

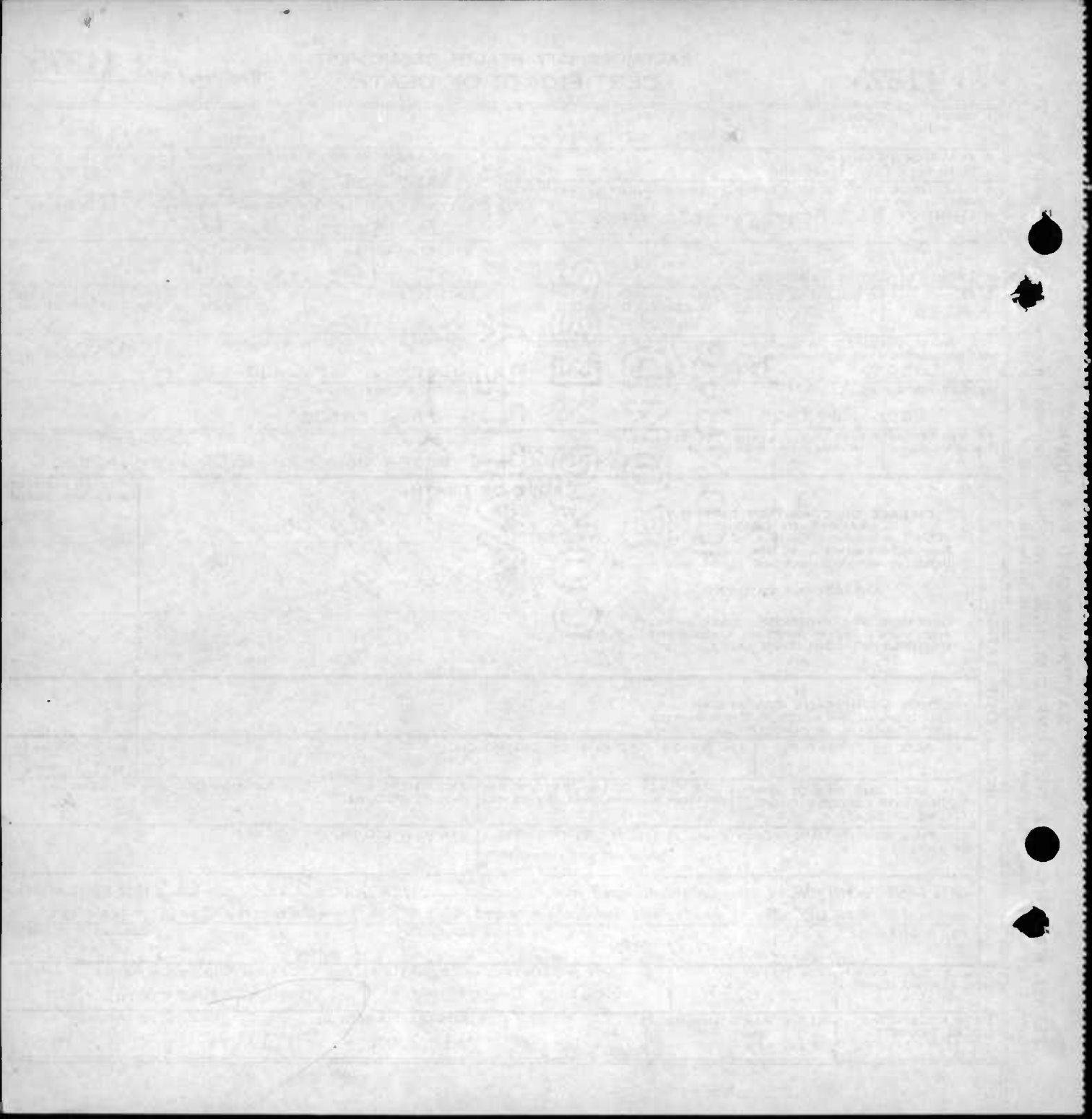
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 11275**
G-635
53 11275
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Gardner			2. DATE OF DEATH 12/21/1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 1837 Pennsylvania Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1837 Pennsylvania Ave.		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 9, 1900	9. AGE (In years last birthday) 53	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10B. KIND OF BUSINESS OR INDUSTRY Majestic Food Co.	11. BIRTHPLACE (State or foreign country) Sparks, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Gardner			14. MOTHER'S MAIDEN NAME Air Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. 219-20-9821	17. INFORMANT ADDRESS Thersea Gardner 1837 Penn. Ave.		

18. 334X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Apoplexy (A) _____ DUE TO _____ Paralysis (B) _____ DUE TO _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH Cerebral Apoplexy Paralysis			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 12/20/53		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/15 , 19 53 , to 12/21 , 19 53 , that I last saw the deceased alive on 12/20 , 19 53 , and that death occurred at 12/21/53 , from the causes and on the date stated above.						
23A. SIGNATURE D. K. R. Smith		23B. ADDRESS 1134 Hill		23C. DATE SIGNED Dec 17		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/26/53	24C. NAME OF CEMETERY OR CREMATORY Sparks Cemetery	24D. LOCATION (City, town, or county) (State) Sparks, Maryland			
DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Arlington S. Phillips		ADDRESS 1808 N. Monroe St.		



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11276

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Clark, Nelle C.		December 22, 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. Baltimore City, Maryland		A. STATE Maryland			
b. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
St. Joseph's Hospital		Baltimore			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location)			
12 years		4609 York Road			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. CITIZEN OF WHAT COUNTRY?
Female	White	Widowed	DEC 14-1895	58	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
				Pennsylvania	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
SAMUEL CUPPETH		ELLA RINGLER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Hopwood	
18. 592X I		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute pulmonary edema			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Chronic glomerulonephritis			
		With			
		(C) Renal insufficiency and uremia			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY?	
2				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from December 19, 1953, to December 22, 1953, that I last saw the deceased alive on Dec. 22, 1953, and that death occurred at 6:00 a. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
R. Carlinelli		1400 N. Caroline Street		Dec. 22, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		12/22/53		PLEASANTVILLE	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
ALUM BANK Penna		Huntington Williams, M.D.		C. B. M. Walters	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS	
DEC 22 1953		Huntington Williams, M.D.		C. B. M. Walters	

Printed & struck off

NAME _____

ADDRESS _____

DATE _____

BODY TAKEN BY _____

53 11277

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11277
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

CORDISH CORNISH

2. DATE OF DEATH December 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1108 Low Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8-22-17

9. AGE (in years last birthday)

36

H Under 1 Year

Months Days

H Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO., MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

WM. CORNISH

14. MOTHER'S MAIDEN NAME

MARY WILKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
MARY WILKINS 804 S. CHINA ST.

18. E900.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull

ANTECEDENT CAUSES

(B) Cerebral edema and contusion foci

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1108 Low Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
December 18, 195321E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell down steps

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Joseph A. Joachim

M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Dec. 21, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-24-53

24C. NAME OF CEMETERY OR CREMATORY

BALTO. NATIONAL

24D. LOCATION (City, town, or county)

BALTO; MD.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 22 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Joseph B. Beck, Jr. 1304 N. Central

ADDRESS

VS 151

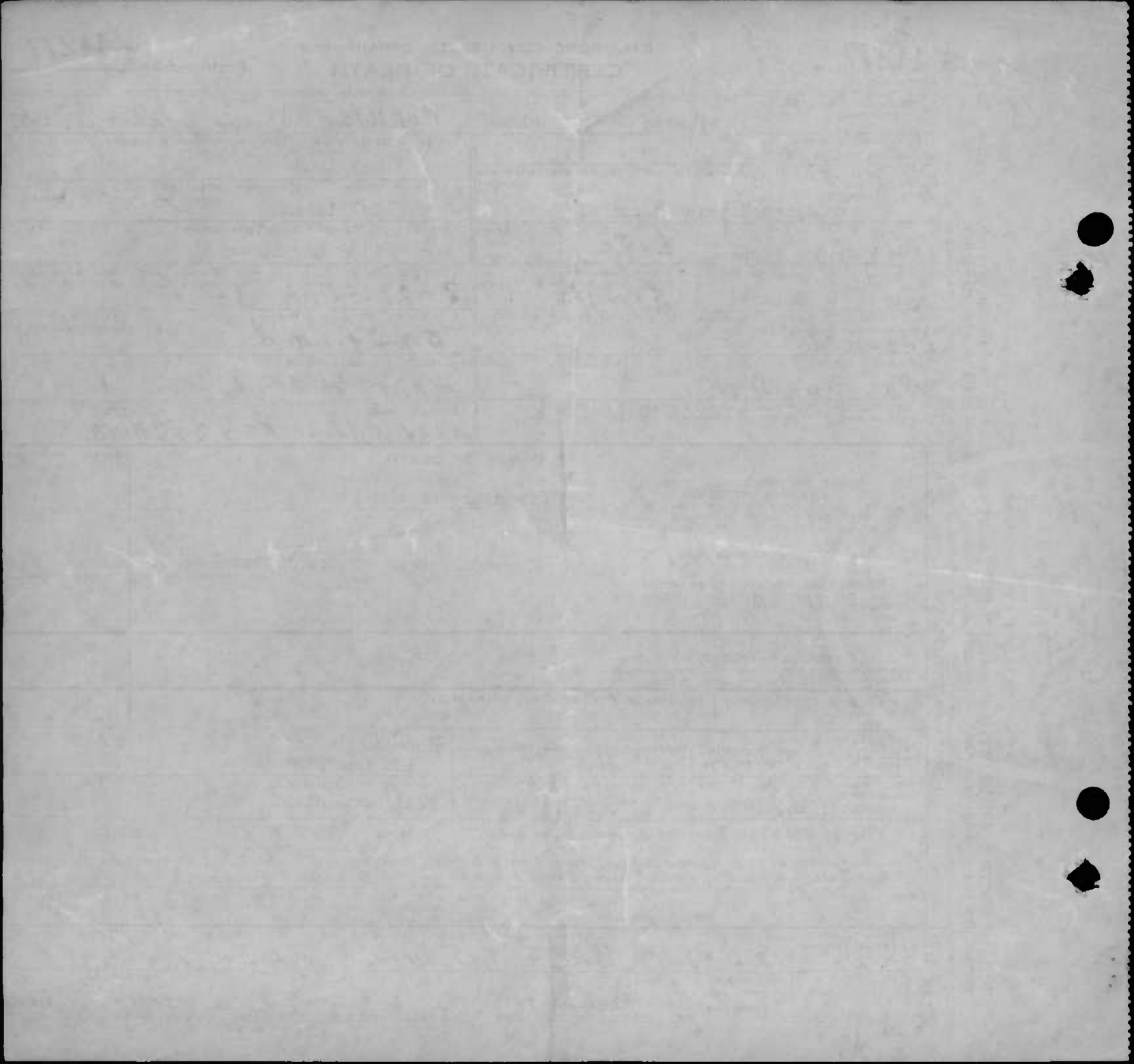
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99099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 11278**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

A. Woodward Rogers

 2. DATE
OF
DEATH

Dec/21/53

3. PLACE OF DEATH:

 A. Baltimore City, Maryland *1700 Park Ave.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write P. O. and give township)

Maryland Baltimore City

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Wheeler Nursing Home

C. CITY OR TOWN (If outside corporate limits, write P. O. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1609 Bolton Street

c. Length of stay in Baltimore

50

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

Female
White
Single
Jan-7-1874
79

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Pikesville, Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Dr. Henry Clay Rogers

14. MOTHER'S MAIDEN NAME

Mary Woodward

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No
None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Frank J. Edmondson, Roland Park Apts.

 18. *420.1*

CAUSE OF DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

12 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Hypertensive Cardio-Vascular Disease
10 years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from *June 51*, 19*51*, to *Dec 21*, 19*53*, that I last saw the deceased alive on *Dec 16*, 19*53*, and that death occurred at *9 A* m., from the causes and on the date stated above.

23A. SIGNATURE

William F. Pearce

M. D.

23B. ADDRESS

2105 N. Charles St

23C. DATE SIGNED

Dec 21, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec-23-1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Stewart & Mower Co., 108 W. North Ave.

VS 150

City #1.

11178

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

CERTIFICATE OF DEATH

NAME OF DECEASED: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

CAUSE OF DEATH: [illegible]

MANNER OF DEATH: [illegible]

AGE: [illegible]

SEX: [illegible]

RACE: [illegible]

EDUCATION: [illegible]

OCCUPATION: [illegible]

RELIGION: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

DATE OF MARRIAGE: [illegible]

PLACE OF MARRIAGE: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

CAUSE OF DEATH: [illegible]

MANNER OF DEATH: [illegible]

AGE: [illegible]

SEX: [illegible]

RACE: [illegible]

EDUCATION: [illegible]

OCCUPATION: [illegible]

RELIGION: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

DATE OF MARRIAGE: [illegible]

PLACE OF MARRIAGE: [illegible]

DATE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

CAUSE OF DEATH: [illegible]

MANNER OF DEATH: [illegible]

AGE: [illegible]

SEX: [illegible]

RACE: [illegible]

EDUCATION: [illegible]

OCCUPATION: [illegible]

RELIGION: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

DATE OF MARRIAGE: [illegible]

PLACE OF MARRIAGE: [illegible]

DATE OF DEATH: [illegible]

F560
53 11279

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11279

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mr. William Fenner</i>		2. DATE OF DEATH <i>Dec. 21, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Ben Secours Hospital</i>		D. STREET ADDRESS (If rural, give location) <i>105 N. Monroe St.</i>		E. LENGTH OF STAY IN BALTIMORE <i>Life</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>10/15/1872</i>	9. AGE (in years last birthday) <i>81</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Shrink cutter</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
13. FATHER'S NAME <i>Henry Fenner</i>		14. MOTHER'S MAIDEN NAME <i>Mary Lutz</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>214-03-4770</i>		17. INFORMANT <i>Wm. Fenner - 744 Phil 3118</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Intestinal obstruction</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>	
ANTECEDENT CAUSES		DUE TO <i>Strangulated incisional hernia</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>12/20/53</i>		19B. MAJOR FINDINGS OF OPERATION <i>Incarcerated Ventral Hernia</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 20, 1953</i> , to <i>Dec. 21, 1953</i> , that I last saw the deceased alive on <i>Dec 20, 1953</i> , and that death occurred at <i>12:40 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. Fenner</i>		23B. ADDRESS <i>Ben Secours Hospital</i>		23C. DATE SIGNED <i>12-21-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 23/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Ben Secours Hospital</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 22 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Ben Secours Hospital</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-120
3 11280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11280

1. NAME OF DECEASED (Type or Print)			JOHN <i>H</i> DAVIS			2. DATE OF DEATH December 21, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY						
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore						
c. Length of stay in Baltimore <i>Several years</i>			D. STREET ADDRESS (If rural, give location) 1810 Rutland Avenue						
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>June 1923</i>		9. AGE (in years last birthday) 30	10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY <i>Solarium</i>			11. BIRTHPLACE (State or foreign country) <i>S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Robert Davis</i>			14. MOTHER'S MAIDEN NAME <i>Savilla Banfe</i>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. <i>214-187086</i>			17. INFORMANT ADDRESS <i>Emuel Davis 1810 Rutland Ave</i>			
18. <i>500X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <i>Acute bronchitis with bronchopneumonia</i> DUE TO (B) DUE TO (C)						INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Pulmonary edema</i>									
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <i>natural causes</i> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .									
23A. SIGNATURE <i>Joseph A. Jackson Jr.</i>			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>			23C. DATE SIGNED Dec. 21, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>Dec 23-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Zion Hill Cem. Winnsboro, S.C.</i>		24D. LOCATION (City, town, or county) (State) <i>S.C.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 22 1953</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			25. FUNERAL DIRECTOR ADDRESS <i>Robert E Williams 1515 McIlhenny</i>			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-220
53 11281BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11281

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Czyzewska, Frances

2. DATE
OF DEATH December 21, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
location)
HOSPITAL OR INSTITUTE

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, give RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2029 Fairmount Avenue - E.

c. Length of stay in Baltimore

25 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Apr. 1900

9. AGE (In years
last birthday)

53.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

M.

Fastyn

14. MOTHER'S MAIDEN NAME

Crank.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Czyzewska

2036 E. Pratt St

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Portal cirrhosis of liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Congestive heart failure

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 14, 1953 to December 21, 1953, that I last saw the
deceased alive on Dec. 21, 1953, and that death occurred at 3:10pm., from the causes and on the date stated above.

23A. SIGNATURE

Louis A. Fritz

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

Dec. 21, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNDAL DIRECTOR

ADDRESS

Burial Dec 24/53 Sacred Heart of Mary Baltimore
Huntington Williams, M.D. Fred M. Czyzewska
1930 E. Eastern Ave.

BODY TAKEN BY

NAME

ADDRESS

DATE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11282

BIRTH NO. 53 11282		1. NAME OF DECEASED (Type or Print) Emma A. Cofran		2. DATE OF DEATH Dec. 20/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ma. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 325 S. Mount St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 325 S. Mount St			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 1, 1875	9. AGE (In years last birthday) 78	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Balto. Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Hamming			
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Edward L. Cofran, Sr. 325 S. Mount St			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis with acute antero-septal infarction		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH about 2 wks.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arteriosclerosis ?		(A) DUE TO		(B) DUE TO	
(C) DUE TO		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 5, 1953 , to Dec 20, 1953 that I last saw the deceased alive on Dec 20, 1953 , and that death occurred at 4p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Abram Goldman		23B. ADDRESS 206 S. Gilman St.		23C. DATE SIGNED 12/22/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 24/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR Huntington Williams		24F. ADDRESS 4101 Edmondson Ave.	

11525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11283
Registered No.W-400
53 11283

1. NAME OF DECEASED (Type or Print) <i>Russell E. Wiley</i>			2. DATE OF DEATH <i>Dec. 21/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>1519 Garsud Ave. # 18</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>July 23/1903</i>	9. AGE (In years last birthday) <i>50</i>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Yardmaster</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	11. BIRTHPLACE (State or foreign country) <i>Balto.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Joseph R. Wiley</i>			14. MOTHER'S MAIDEN NAME <i>Martha K. Kline</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>wife</i>		ADDRESS <i>same</i>
18. <i>443x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <i>Cardiac failure</i> DUE TO (B) <i>hypertensive cardiac vascular disease</i> DUE TO (C) <i>hypostatic pneumonia</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 15</i> , 19 <i>53</i> to <i>Dec 21</i> , 19 <i>53</i> that I last saw the deceased alive on <i>Dec 20</i> , 19 <i>53</i> and that death occurred at <i>2:44</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Martha K. Kline</i>			23B. ADDRESS <i>Md. General Hospital</i>		23C. DATE SIGNED <i>Dec 21/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/23/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Pikesville, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Wm. J. Pickens & Sons</i>		25. FUNERAL DIRECTOR ADDRESS	
DEC 22 1953 <i>Wilmington Williams, Md.</i> <i>29050</i> <i>Balto. 17. Md.</i>					

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CONFIDENTIAL

CONFIDENTIAL

Q-510
53 11284BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11284

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ESTHER P. QUIMBY

2. DATE
OF
DEATH

12-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

BON SECOURS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

ARbutus

5351

D. STREET ADDRESS (If rural, give location)

1220 LEEDS TERRACE

c. Length of stay in Baltimore

74

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

8-27-79

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

DUDLEY BARNETTE

14. MOTHER'S MAIDEN NAME

Louisanna Jarvis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

-

17. INFORMANT

ADDRESS

Mr. Dudley T. Quimby-1220 Leeds Terr.

18. 420.1 and 260X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) MYOCARDIAL INFARCTION

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

10 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12, 1953 to 12-21, 1953, that I last saw the deceased alive on 12-21, 1953, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Pillsbury

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

12-21-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/24/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William A. Pillsbury

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto. 17, Md.

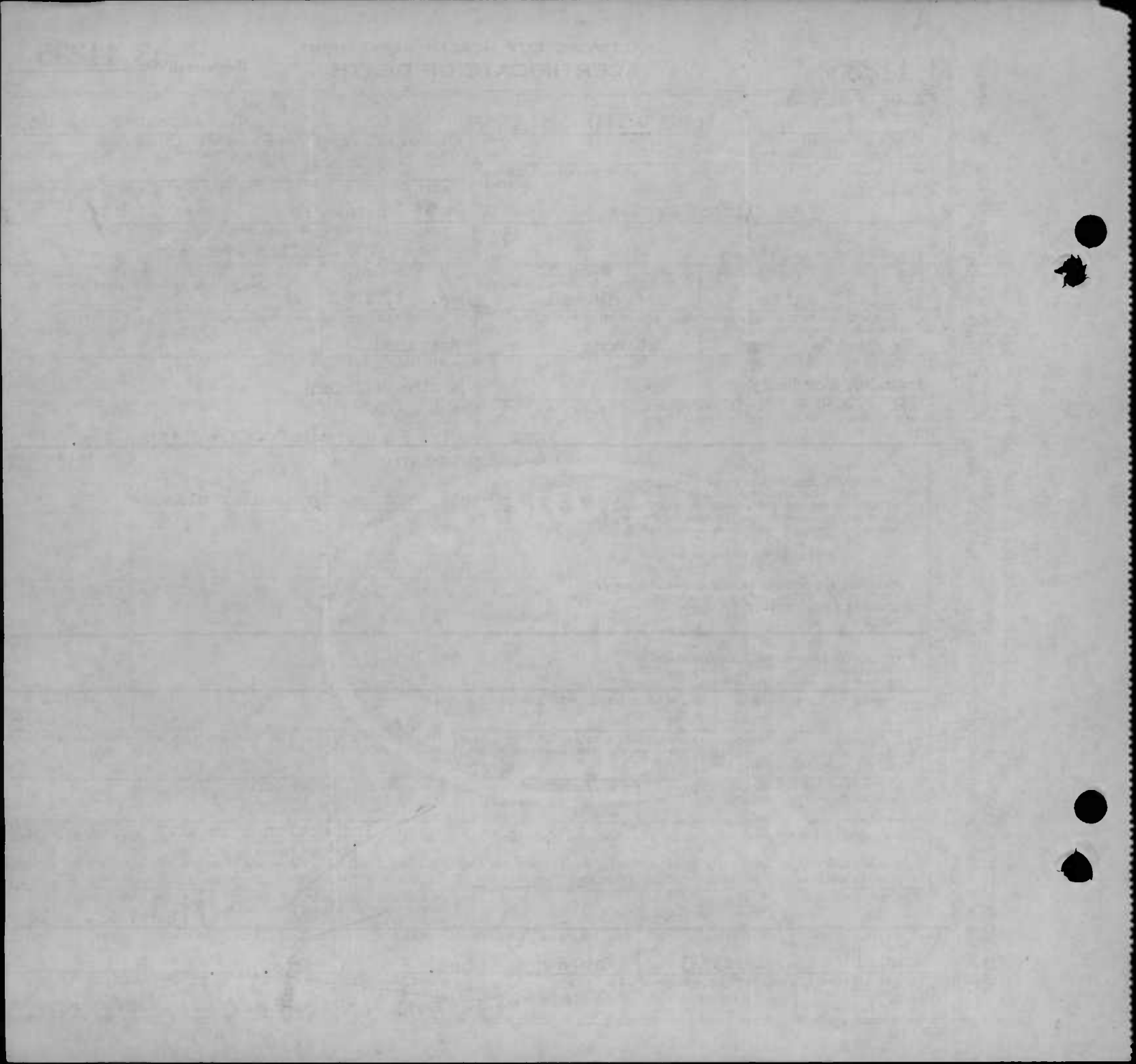
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-631 33-11285 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11285	
1. NAME OF DECEASED (Type or Print) ELISE OTTIE NORDHOFF			2. DATE OF DEATH December 21, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3706 Clifton Avenue			C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3706 Clifton Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 13, 1870	9. AGE (in years last birthday) 83	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Amandus Nordhoff			14. MOTHER'S MAIDEN NAME Martha Ullrich		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mr. Fred Nordhoff-3706 Clifton Ave.			ADDRESS		
18. 422.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>B. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Dec. 21, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/23/53		24C. NAME OF CEMETERY OR CREMATORY Green Mount Maus.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. NAME OF CEMETERY OR CREMATORY Green Mount Maus.		24F. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>		25. FUNERAL DIRECTOR <i>Wm. J. Pickney & Sons</i> Balto 17, Md	
VS 151 js					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 11286	
BIRTH NO. 53 11286					
1. NAME OF DECEASED (Type or Print) DORFLER - Ida Dorfler			2. DATE OF DEATH 12-19-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 5706 Kenwood Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-28-1911	9. AGE (In years last birthday) 42	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Freedy			14. MOTHER'S MAIDEN NAME Jennie Weekler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Family and Hospital Records		
18. 447X and 685.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardio-Renal Disease DUE TO Eclampsia (5 years ago)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION D		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 11, 1953 , to Dec 17, 1953 , that I last saw the deceased alive on Dec 19, 1953 and that death occurred at 7:10 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE John D. Dunder			23B. ADDRESS St. Agnes Hosp.		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 23, 1953	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Parkville, Maryland
DATE RECEIVED BY LOCAL REGISTRAR DEC 22 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Maryland	

See query reply in Document file.

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53 11287

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11287

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CATHERINE M. ROBERTS		2. DATE OF DEATH DEC 20, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2436 E. EAGER		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2436 E. EAGER ST		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) BALTIMORE			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2436 E. EAGER ST			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC 18, 1876	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTIMORE MD		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME MICHAEL HUBER		14. MOTHER'S MAIDEN NAME -			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS FRANCIS A. ROBERTS 2217 E. MADISON	
18. 420.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) 0 / Hypertensive Heart DUE TO (B) (2) Atherosclerosis DUE TO (C) Diabetes Mellitus (D) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from DEC 19, 1953 to DEC 20, 1953 , that I last saw the deceased alive on 10/20, 1953 and that death occurred at 7:00 m., from the causes and on the date stated above.					
23A. SIGNATURE 446 of 1 Ruzicka		23B. ADDRESS 500 N. BALTIMORE ST		23C. DATE SIGNED DEC 21 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE DEC 23, 1953		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	
DATE RECEIVED BY DEC 22, 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
		25. FUNERAL DIRECTOR MULLRICH FUNERAL HOME		ADDRESS 4210 BELAIR	

CERTIFICATE OF DEATH

1931-32

Dr. 11587



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-514

53 11288

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 11288

1. NAME OF DECEASED (Type or Print) <i>HENRY W. WINFELTER</i>		2. DATE OF DEATH <i>12/22/53.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Pa.</i> B. COUNTY <i>V-35</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ. Hosp. Balto. Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>York</i>	
C. Length of stay in Baltimore <i>7</i> Yrs. <i>5</i> Mos. <i>5</i> Days		D. STREET ADDRESS (If rural, give location) <i>620 S. Pershing Ave.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>11/10/03</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <i>50</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Pa.</i>	
13. FATHER'S NAME <i>Harry Winfelder</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>unknown</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>G. Morgan Winfelder</i>		ADDRESS <i>615 S. Pershing Ave.</i>	
18. <i>443X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Subarachnoid Hemorrhage</i> DUE TO <i>Hypertension Cardiovascular</i> DUE TO <i>Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>12 days</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Head injury</i>			
19A. DATE OF OPERATION <i>12/22/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/14/53</i> , 19 <i>53</i> , to <i>12/22/53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/21/53</i> , 19 <i>53</i> , and that death occurred at <i>7:00</i> a.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>St. Basil's Hosp.</i>		23B. ADDRESS <i>Univ. Hosp. Balto. Md.</i>	
23C. DATE SIGNED <i>12/22/53</i>		23D. NAME OF CEMETERY OR CREMATORY <i>St. Mary's Cem.</i>	
23E. LOCATION (City, town, or county) (State) <i>York Pa.</i>		23F. FUNERAL DIRECTOR <i>Edward H. Baumeister</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/24/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St. Mary's Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>York Pa.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 22 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
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UNITED STATES DEPARTMENT OF THE ARMY

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53 11289

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11289

BIRTH NO. 53-30625

1. NAME OF DECEASED
(Type or Print)

Baby Boy Ensey

2. DATE
OF
DEATH

Dec. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland. B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Franklin Square Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 19-04

D. STREET ADDRESS (If rural, give location)

1824 Wilhelm St.

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH

Dec. 16, 1953

9. AGE (In years last birthday)

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

19 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Marion Ensey

14. MOTHER'S MAIDEN NAME

Alma Steinaeker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 753.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypoxia of unknown cause

DUE TO

(C) Possible Central Nervous System disease

INTERVAL BETWEEN ONSET AND DEATH
Onset: in utero time unknown

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 16, 1953, to Dec. 17, 1953, that I last saw the deceased alive on Dec. 17, 1953, and that death occurred at 7:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John F. Noguera

M.D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

Dec 17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL DEC 18, 1953

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 23 1953

Huntington Williams, M.D.

Huntington Williams, M.D.

RECEIVED

DEPARTMENT OF THE ARMY

WASHINGTON, D. C.

OFFICE OF THE ADJUTANT GENERAL

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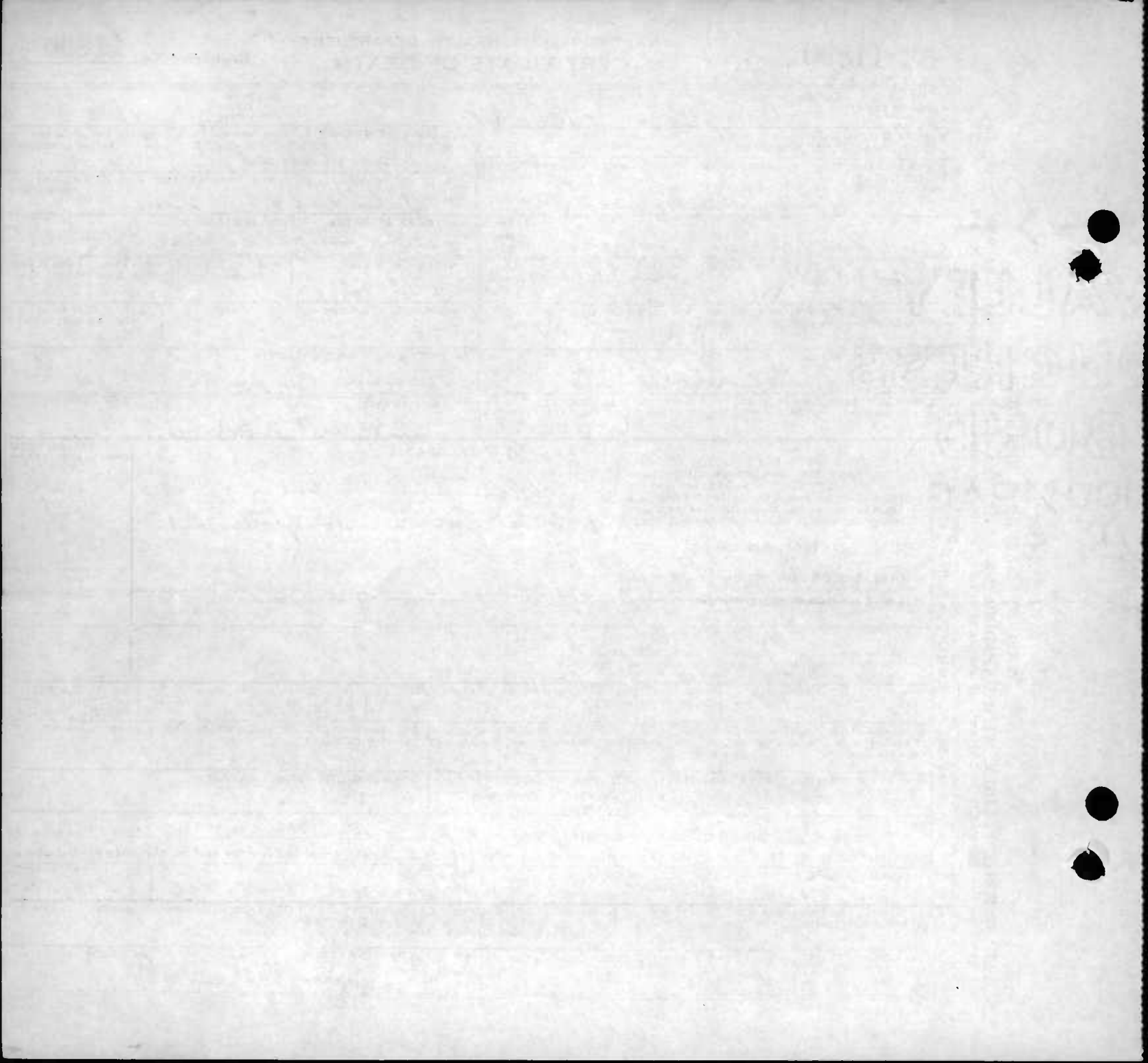
ADJUTANT GENERAL'S OFFICE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

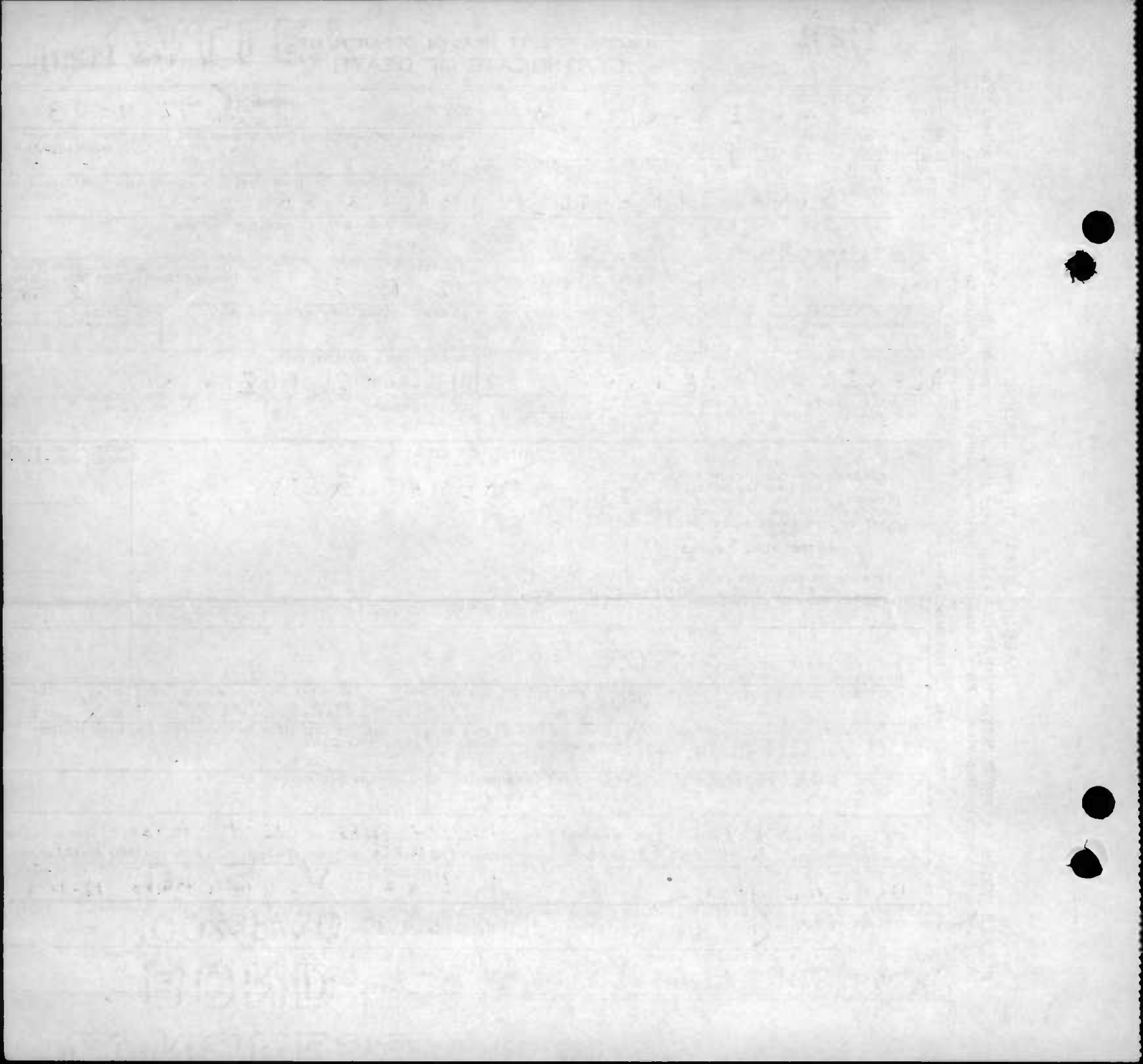
T-650 53 11290 BIRTH NO. 53-30488		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11290	
1. NAME OF DECEASED (Type or Print) <i>BABY GIRL TRAHAN</i>			2. DATE OF DEATH <i>12/14/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Dundalk 5353</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>100 Patapco Ave Zone 22</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>12-13-53</i>	9. AGE (In years last birthday) <i>1</i> Months: <i>1</i> Days: <i>1</i> Hours: <i>1</i> Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Lewis</i>			14. MOTHER'S MAIDEN NAME <i>Freda Cuppett</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>LEWIS TRAHAN</i>		
18. <i>770.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Erythroblastosis fetalis</i> DUE TO <i>Rh factor incompatibility</i> ANTECEDENT CAUSES (B) _____ DUE TO _____ (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>		
19A. DATE OF OPERATION <i>7</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/13</i> , 19 <i>53</i> , to <i>12/14</i> , 19 <i>53</i> that I last saw the deceased alive on <i>12/14</i> , 19 <i>53</i> and that death occurred at <i>8:29</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>William S. Kiser</i> M. D.			23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>12/14/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL DEC. 18, 1953</i>		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 23 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Huntington Williams</i> ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

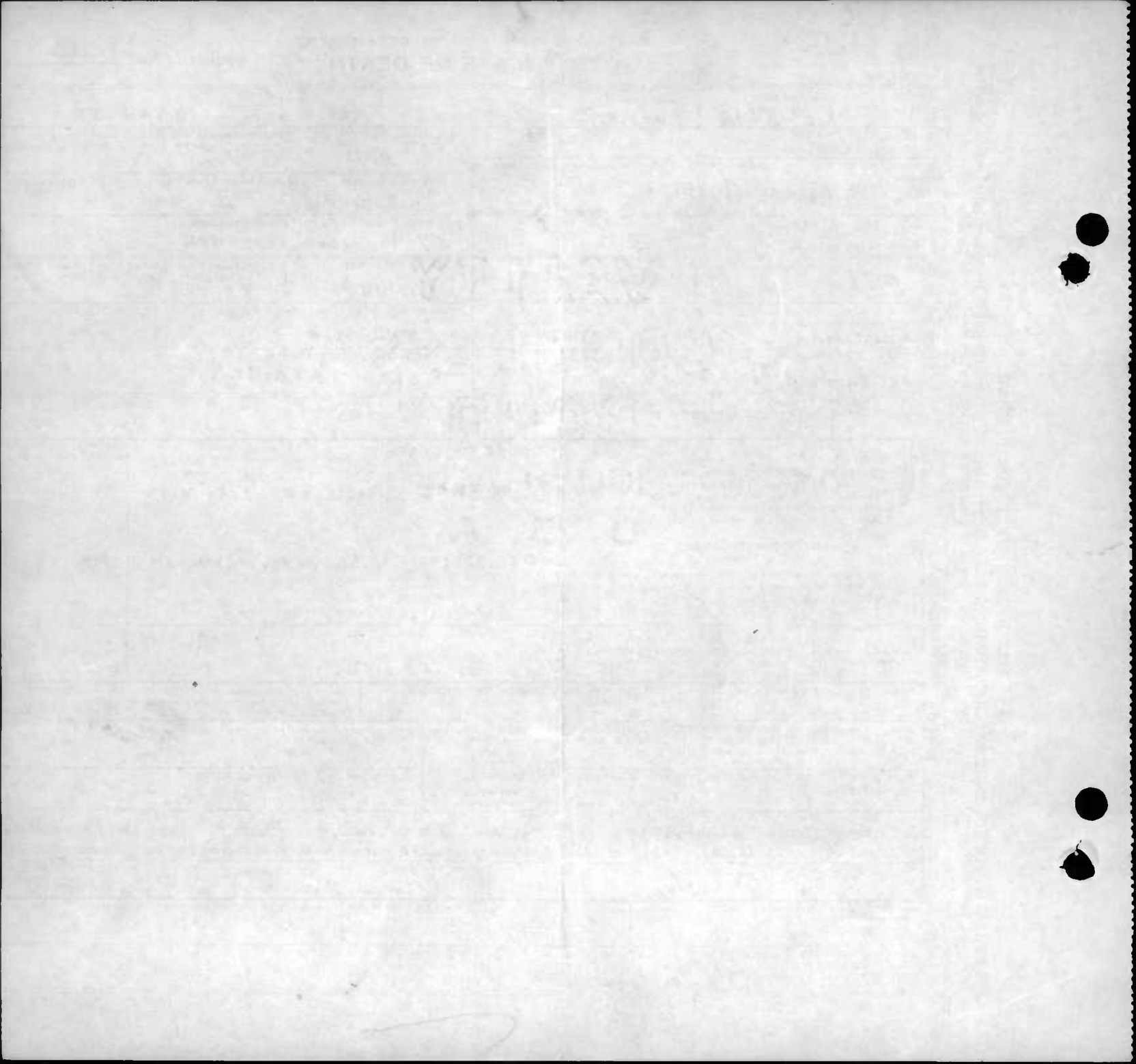
M-2-20 53 11291		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11291	
BIRTH NO. 53-30284		1. NAME OF DECEASED (Type or Print) MAJEWSKI BABY BOY		2. DATE OF DEATH 12-11-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY BALTO.			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 5300			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1733 Burnham Rd			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12-10-53	9. AGE (In years last birthday) 2	10. Under 1 Year Months: Days 35
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ALFRED MAJEWSKI		14. MOTHER'S MAIDEN NAME DOLORES GUZINSKI			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 776 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH PREMATURITY		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-10, 1953, to 12-11, 1953, that I last saw the deceased alive on 12-11, 1953, and that death occurred at 12:55 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Leon G. G. G.		23B. ADDRESS SINAI HOSPITAL, BALTO		23C. DATE SIGNED 12-11-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State)		24E. LOCATION (City, town, or county) (State)		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Huntington Williams, Jr.	
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-2600 53 11292		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11292	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) CERELIA TUCKER.		2. DATE OF DEATH 12-22-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-19	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		D. STREET ADDRESS (If rural, give location) 5708 Woodcrest Ave		E. Yrs. Mos. Days	
C. Length of stay in Baltimore 60		5. SEX F		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 6/16/1881		9. AGE (In years last birthday) 72.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LITHUANIA	
13. FATHER'S NAME Nathan MARGOLIS		14. MOTHER'S MAIDEN NAME SARAH KRAMER.		12. CITIZEN OF WHAT COUNTRY? USA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Rosa Tucker - 5708 Woodcrest Ave.	
18. 422.1 and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Vascular Accident DUE TO (B) Arteriosclerotic Cardiovascular Dis. DUE TO (C) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 3 Days over 10 yrs over 10 yrs		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-20 , 19 53 , to 12-22 , 19 53 , that I last saw the deceased alive on 12-21 , 19 53 , and that death occurred at 1:07 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE John W. Herri Jr.		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 12-22-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-23-1953		24C. NAME OF CEMETERY OR CREMATORY Roseville	
24D. LOCATION (City, town, or county) Balt		24E. LOCATION (City, town, or county) Mary		24F. LOCATION (City, town, or county) Balt	
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Jack Lewis Inc - 2100 Eataw Pl	
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-516

53 11293 BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH Registered No. 53 11293

1. NAME OF DECEASED (Type or Print) **FRANK WEINBERG** 2. DATE OF DEATH **Dec 21 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION **JOHNS HOPKINS HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE **Maryland** B. COUNTY
C. CITY OR TOWN **BALTO** (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location) **3801 Rubin AVE** **RUBIN AVE**

c. Length of stay in Baltimore **Rye** Yrs. **8** Mos. **1** Days

5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **7-16-1892** 9. AGE (In years last birthday) **61** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** 10B. KIND OF BUSINESS OR INDUSTRY **Grocer** 11. BIRTHPLACE (State or foreign country) **Baltimore Md** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **Henry** 14. MOTHER'S MAIDEN NAME **Ida**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT **JOHNS HOPKINS HOSPITAL** ADDRESS

18. **421.1** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Acute pulmonary edema
DUE TO
ANTECEDENT CAUSES
Aortic stenosis
DUE TO
Arteriosclerosis
DUE TO
Gastro-intestinal hemorrhage

19. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 19D. TIME (Month) (Day) (Year) (Hour) OF INJURY 19E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 19F. HOW DID INJURY OCCUR?

20. AUTOPSY? YES ☐ NO ☐

21. I hereby certify that I attended the deceased from **12/19**, 19**53**, to **Dec 21**, 19**53**, that I last saw the deceased alive on **Dec 19**, 19**53**, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

22A. SIGNATURE **W. Beale Rutledge** M. D. 22B. ADDRESS **JOHNS HOPKINS HOSPITAL** 22C. DATE SIGNED **12-21-53**

23A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23B. DATE **12-23-53** 23C. NAME OF CEMETERY OR CREMATORY **Graveside** 23D. LOCATION (City, town, or county) **Balto Md**

DATE RECEIVED BY LOCAL REGISTRAR **DEC 23 1953** REGISTRAR'S SIGNATURE **Thurston Williams** 24. FUNERAL DIRECTOR **Myer Levine** ADDRESS **2100 Eutaw Pl**

VS 150 **2906A**

10 MAY 1947

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-625

BRYSON

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 11294 **53 11294** Registered No.

1. NAME OF DECEASED (Type or Print) *Kenneth Bryson*

2. DATE OF DEATH *Dec. 22, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Osob*
B. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission)
A. STATE *Ind.* **B. COUNTY** *Baltimore*
C. CITY OR TOWN *Baltimore*
D. STREET ADDRESS (If rural, give location) *2616 Huntington Ave*

5. SEX *male* **6. COLOR OR RACE** *White* **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify) *Single*

8. DATE OF BIRTH *3-22-1912* **9. AGE** (In years last birthday) *41* **10. UNDER 1 Year** *Months: Days* **11. UNDER 24 Hours** *Hours: Min.*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *MAINTENANCE* **10B. KIND OF BUSINESS OR INDUSTRY** *HOSPITAL*

11. BIRTHPLACE (State or foreign country) *Baltimore, Md.* **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME *Henry Bryson* **14. MOTHER'S MAIDEN NAME** *Mary Wheeler*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No* **16. SOCIAL SECURITY NO.** *214-03-3477*

17. INFORMANT *JOHNS HOPKINS HOSPITAL* **ADDRESS**

18. 420.1 **CAUSE OF DEATH**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) *Cardiac Failure*
ANTECEDENT CAUSES *Myocardial Infarction 10*
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. *arteriosclerosis*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* **19B. CONDITION FOR WHICH OPERATION WAS PERFORMED** *IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II* **20. AUTOPSY?** YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) ☐ **21B. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) *21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?*

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY *m.* **21E. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21F. HOW DID INJURY OCCUR?**

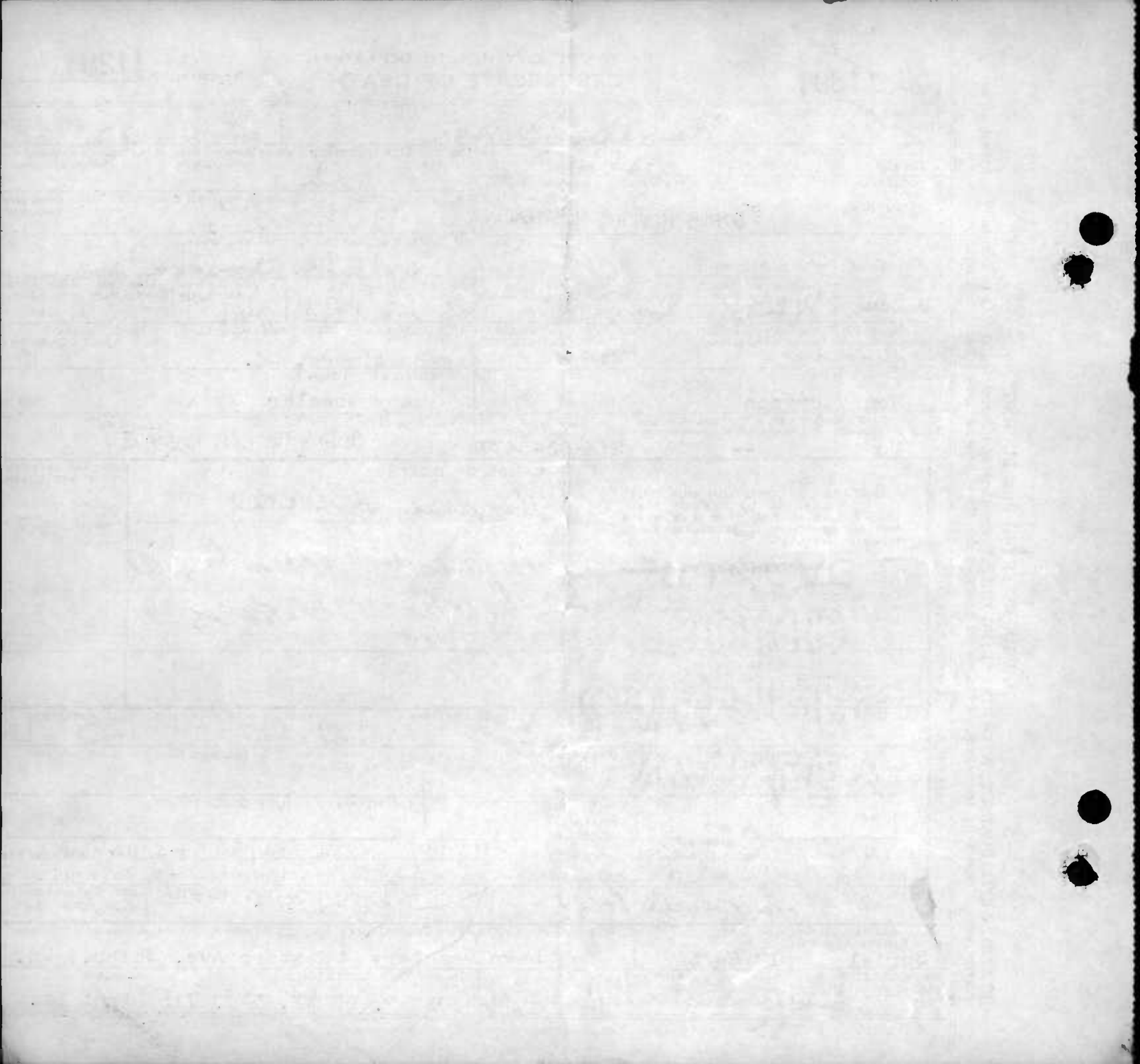
22. I hereby certify that I attended the deceased from *11/19*, 1953 **to** *12/22*, 1953 **that I last saw the deceased alive on** *12/22*, 1953, **and that death occurred at** *355* m., **from the causes and on the date stated above.**

23A. SIGNATURE *Kenneth Bryson* **23B. ADDRESS** *JOHNS HOPKINS HOSPITAL* **23C. DATE SIGNED** *12/22/53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* **24B. DATE** *12/24/53* **24C. NAME OF CEMETERY OR CREMATORY** *Oak Lawn Cemetery* **24D. LOCATION (City, town, or county) (State)** *Eastern Ave. Balto., Md.*

DATE RECEIVED BY LOCAL REGISTRAR *DEC 23 1953* **REGISTRAR'S SIGNATURE** *Huntington Williams, M.D.* **25. FUNERAL DIRECTOR** *JOHN F. DENNY, INC.* **ADDRESS** *715 Light St.*

VS 150 **5548T** **-30**



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11295

BIRTH NO. 53 11295

1. NAME OF DECEASED (Type or Print)		WADELL O. MITCHELL		2. DATE OF DEATH Dec. 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1322 N. Dallas St.			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 23, 1891	9. AGE (in years last birthday) 62	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Life Sitter		10B. KIND OF BUSINESS OR INDUSTRY Gas & Elec. Co.		11. BIRTHPLACE (State or foreign country) Baltimore Md.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Elisha Mitchell		14. MOTHER'S MAIDEN NAME Lavinia Brown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 512-05-3403		17. INFORMANT ADDRESS Carolyn Myers 1312 N. Dallas St.	
18. 150X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of esophagus DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. Oshingsh		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Dec. 22, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/26/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24D. LOCATION (City, town, or county) (State) A. A. Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 1216 E. Caroline St.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11296

BIRTH NO. 53 11296

1. NAME OF DECEASED
(Type or Print) DeVoe, Charles

2. DATE
OF DEATH December 22, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Hanover

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Pylesville

D. STREET ADDRESS (If rural, give location)
6200

c. Length of stay in Baltimore 4

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH May 27 1876

9. AGE (In years
last birthday) 76

If Under 1 Year
Months: Days
7 26

If Under 24 Hours
Hours: Min.
7 26

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Laborer

10B. KIND OF BUSINESS OR
INDUSTRY
Farm

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME
Grafton DeVoe

14. MOTHER'S MAIDEN NAME
Rebecca Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
760

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Mrs Grace E. DeVoe Pylesville

18. 541.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Perforated duodenal ulcer with
DUE TO

ANTECEDENT CAUSES

(B) upper abdominal peritonitis
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

urinary retention
Bilateral hydronephrosis due to chronic

19A. DATE OF OPERATION 7

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 21, 1953 to December 22, 1953 that I last saw the
deceased alive on Dec. 22, 1953, and that death occurred at 1:25 pm., from the causes and on the date stated above.

23A. SIGNATURE
Dr. Hans Wipkow

23B. ADDRESS
1400 N. Caroline Street

23C. DATE SIGNED
Dec. 22, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE
12/26/53

24C. NAME OF CEMETERY OR CREMATORY
St Marys

24D. LOCATION (City, town, or county)
Pylesville

(State)
md

DATE RECEIVED BY
LOCAL REGISTRAR
DEC 23 1953

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR
Charles B. Kurtz

ADDRESS
forrettsville

BODY TAKEN BY

NAME

ADDRESS

DATE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence Brown Blake

2. DATE
OF
DEATH

Dec. 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1803 W. Saratoga St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1803 W. Saratoga St.

c. Length of stay in Baltimore

55yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 24, 1895

9. AGE (In years

last birthday)

58

If Under 1 Year

Months

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Pvt. Family

11. BIRTHPLACE (State or foreign country)

Port Deposit, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Brown

14. MOTHER'S MAIDEN NAME

Cora Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. William B. Blake-1803 Saratoga St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Heart Disease

2 day

DUE TO

ANTECEDENT CAUSES

(B)

Atherosclerosis

?

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

2

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 1953, to 12-20, 1953, that I last saw the deceased alive on 12-20, 1953, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington P. Wills

M. D.

23B. ADDRESS

2305 Druid Hill Ave

23C. DATE SIGNED

12-22-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-23-1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Wills

25. FUNERAL DIRECTOR

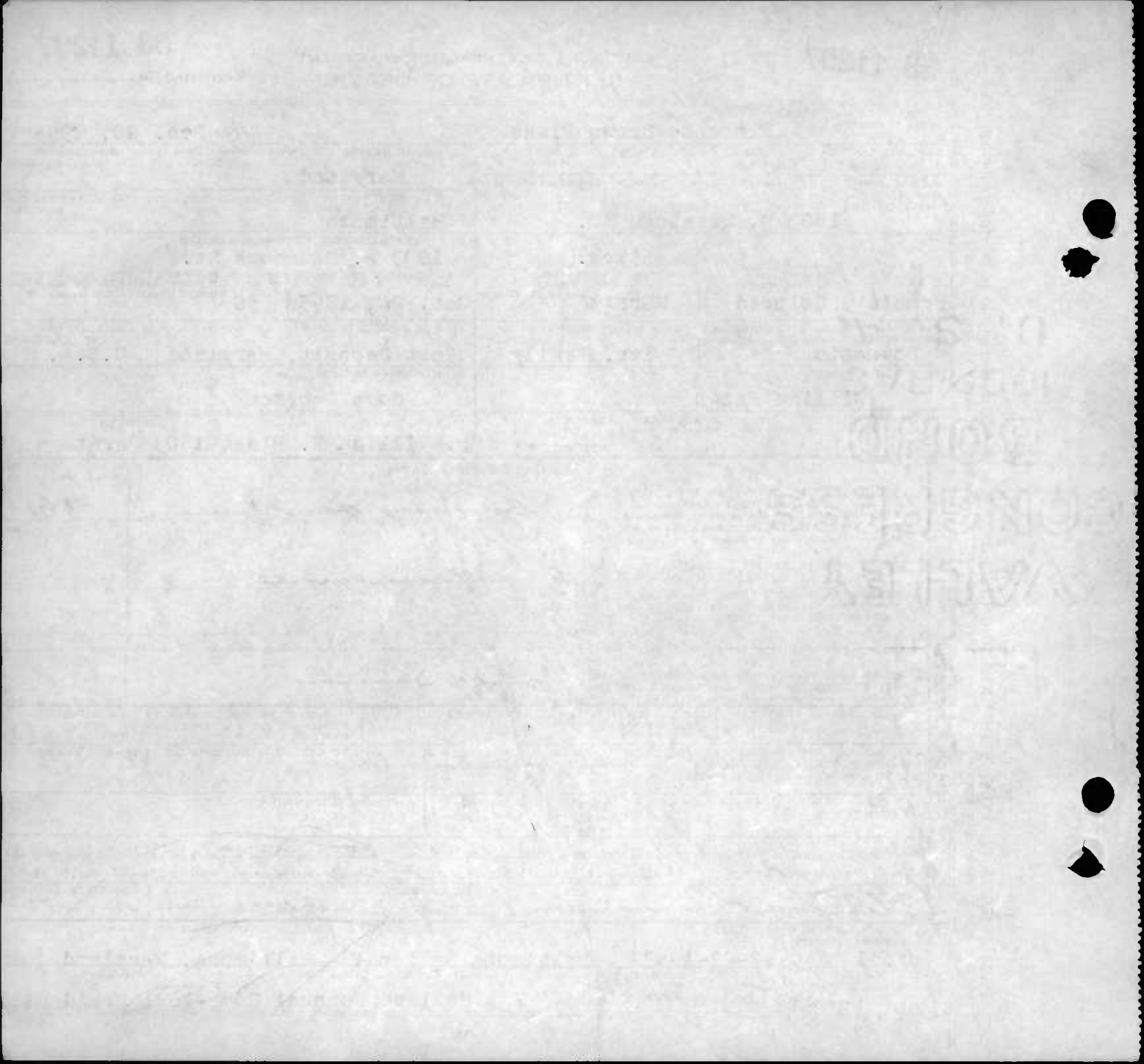
ADDRESS

Holland Funeral Home-1631 Druid Hill Ave.

DEC 23 1953

VS 150

7208A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11298

BIRTH NO.

1. NAME OF DECEASED (Type or Print) INEZ JEFFERSON

2. DATE OF DEATH December 20, 1953

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland b. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

7. STREET ADDRESS (If rural, give location) 1423 Druid Hill Avenue

8. Length of stay in Baltimore 19 years

9. SEX Female 10. COLOR OR RACE Colored 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

12. DATE OF BIRTH Dec. 9, 1934 13. AGE (in years last birthday) 19

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Charities 15. KIND OF BUSINESS OR INDUSTRY Lunch room

16. BIRTHPLACE (State or foreign country) Baltimore, Md. 17. CITIZEN OF WHAT COUNTRY?

18. FATHER'S NAME Malachi Jefferson 19. MOTHER'S MAIDEN NAME Irene Hare

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 21. SOCIAL SECURITY NO. 22. SURVIVANT Mrs. Malachi Jefferson

23. CAUSE OF DEATH

24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Drowning

25. ANTECEDENT CAUSES

26. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

28. DATE OF OPERATION 29. MAJOR FINDINGS OF OPERATION 30. AUTOPSY? YES ☒ NO ☐

31. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. 32. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Reservoir

33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Druid Hill Park Reservoir

34. TIME (Month) (Day) (Year) (Hour) Dec. 20, 1953 11:00 Am. 35. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

36. HOW DID INJURY OCCUR? Drowning - Jumped into reservoir

37. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

38. SIGNATURE Joseph A. Jackson M.D. 39. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

40. DATE SIGNED Dec. 21, 1953

41. BURIAL, CREMATION, REMOVAL (Specify) Burial 42. DATE Dec. 26, 1953 43. NAME OF CEMETERY OR CREMATORY Mt. Auburn

44. LOCATION (City, town, or county) (State) Baltimore, Md.

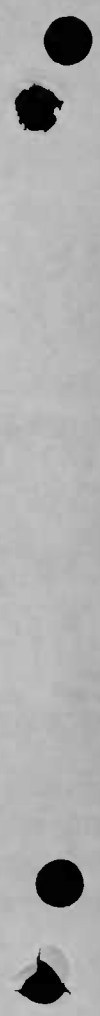
45. DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953 46. REGISTRAR'S SIGNATURE Huntington Holloman, Jr. 47. FUNERAL DIRECTOR 48. ADDRESS 1631 Druid Hill Ave.

VS 151 js N 991X 7846M

11-11-19

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

11-11-19



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11299

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11299

BIRTH NO.		1. NAME OF DECEASED (Type or Print) LEO OTTENHEIMER		2. DATE OF DEATH 12/21/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SINAI HOSPITAL OF BALT.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-D1			
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) Esplanade apt. 6C			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 1/26/89	9. AGE (In years last birthday) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cord Business		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Reubin M. Ottenheimer		14. MOTHER'S MAIDEN NAME Dora Elliot	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS S. Kaufman Ottenheimer-708 Howard St	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Pulmonary Embolus DUE TO (B) Myocardial Infarction DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION ✓		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 12/14 , 19 53 , to 12/21 , 19 53 , that I last saw the deceased alive on 12/21 , 19 53 and that death occurred at 11:00 p. m., from the causes and on the date stated above.			
23A. SIGNATURE Robert D. Baskin		23B. ADDRESS Sumner Hwy. 1 Balt		23C. DATE SIGNED 12/22/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12-23-53		24C. NAME OF CEMETERY OR CREMATORY Balto Hebrew	
24D. LOCATION (City, town, or county) (State) Belton Rd Md		25. FUNERAL DIRECTOR David R. Martin		25. ADDRESS David R. Martin, 1902 Rutaw Place	

2904M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-208
53 11300BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11300

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mamie A. Koch

2. DATE
OF
DEATH

12-22-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-03

D. STREET ADDRESS (If rural, give location)

352 E 25th St.

c. Length of stay in Baltimore

79 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-12-1874

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel C. Vance

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Self

ADDRESS

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial infarction

26 hrs

DUE TO

ANTECEDENT CAUSES

(B)

Coronary Thrombosis

26 hrs

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Anterograde cardiac vessels dis. over 10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-21, 1953 to 12-22, 1953, that I last saw the
deceased alive on 12-22, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John W. Harris Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

12-22-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 24-1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

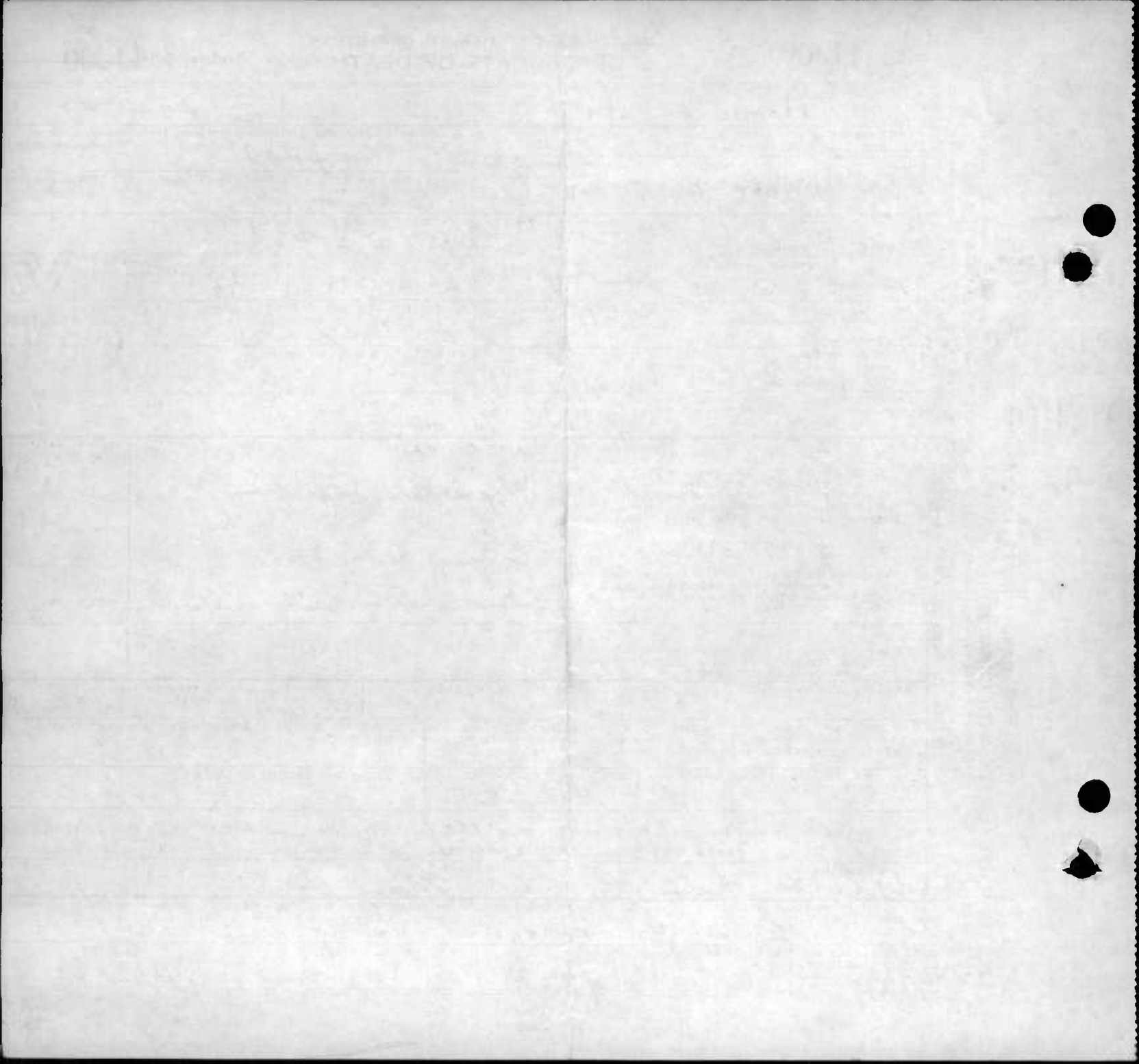
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc - 1217 St Paul St

DEC 23 1953
VS 150



K-626

KROEGER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11301

53 11301

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carnie Kroeger

2. DATE
OF
DEATH

Dec. 21 '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-06

D. STREET ADDRESS (If rural, give location)

1507 E. 33rd. Street

c. Length of stay in Baltimore

life

5. SEX

7

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m.

B. DATE OF BIRTH

March 4 1878

9. AGE (In years
last birthday)

75

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Morawski

14. MOTHER'S MAIDEN NAME

Eva Stein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

friend

ADDRESS

18. 443X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral accident i
N sided hemiplegia

DUE TO

(B)

H.A.C.V.D.

DUE TO

(C)

Hypostatic pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., io or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 16', 1953, to Dec 21, 1953, that I last saw the
deceased alive on Dec 21, 1953, and that death occurred at 9 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Mary M. Chang

M. D.

23B. ADDRESS

Md. General Hospital

23C. DATE SIGNED

Dec 21 '53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 24 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc - 11, 7 St Paul St.

VS 150

1917



Casey, J. Edgar

Confidential Agent
1917
and
with



found

industrial contact
with

H. H. V.

Appropriate person

1917
and
General Manager

1917

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 11302
Registered No.

53 11302

1. NAME OF DECEASED
(Type or Print)

Catherine E Langman

2. DATE OF DEATH **Dec 22 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **2124 E. Fayette St**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2124 E. Fayette St

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female

White

Divorced

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

Aug 14 1885

9. AGE (In years last birthday)

68

11 Under 1 Year Months; Days

11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John V. Langman

14. MOTHER'S MAIDEN NAME

Kate E. Lesse

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John A. Langman 4304 Ridgewood Ave

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

HYPERTENSIVE C.V. DISEASE

27 YEARS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

HYPERTENSION

5 YEARS

(C)

ARTERIOSCLEROSIS, GENERALIZED

5 YEARS

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CEREBRAL HEMORRHAGE

1 YEAR

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan. 1950**, to **Dec. 22, 1953**, that I last saw the deceased alive on **12/22/1953**, and that death occurred at **8:50 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Dec 26/1953

New Cathedral

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 23 1953

Huntington Williams, M.D.

Nancy H. Annas

4204 Ridgewood Ave

1148 H Lengerne

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-236

53 11303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 11303

BIRTH NO. 53-22002

1. NAME OF DECEASED (Type or Print) *Baby Edward Victor*

2. DATE OF DEATH *Dec-22-1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Harriet Lane Disp*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *MD*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore 26-03*

D. STREET ADDRESS (If rural, give location) *3827 Elmora Ave*

B. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

c. Length of stay in Baltimore

Yrs. *0*

Mos. *0*

Days *0*

5. SEX *male*

6. COLOR OR RACE *white*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH *9/10/53*

9. AGE (In years last birthday) *3/2*

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10a. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country) *MD*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *Edward Victor*

14. MOTHER'S MAIDEN NAME *Josephine*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT *JOHNS HOPKINS HOSPITAL* ADDRESS *✓*

18. *493X* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) *Pneumonia*

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

CERTIFICATION APPROVED BY *Joseph G. Jarlin* M. D.

CHIEF OR ASST. MEDICAL EXAMINER

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Dec-22, 1953* to *Dec 22, 1953*, that I last saw the deceased alive on *Dec 22, 1953*, and that death occurred at *12 noon* from the causes and on the date stated above.

23A. SIGNATURE *Paul M. S. Taylor* M. D.

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED *12-22-53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24B. DATE *Dec 24, 1953*

24C. NAME OF CEMETERY OR CREMATORY *Holy Redeemer Cemetery*

24D. LOCATION (City, town, or county) (State) *4430 Belair Rd. Balt. Md.*

DATE RECEIVED BY LOCAL REGISTRAR *DEC 23 1953*

REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*

25. FUNERAL DIRECTOR ADDRESS *Joseph Jarace Inc. 702-146 North Ave*

VS 150

11.11.11

11.11.11

Dear Sir,
I have the pleasure to inform you that the
order for the purchase of the above mentioned
quantity of goods has been placed with the
supplier and the goods will be delivered to you
within the next few days.
Yours faithfully,
[Signature]

Yours faithfully,
[Signature]

Yours faithfully,
[Signature]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 11304BIRTH NO. 53 11304

1. NAME OF DECEASED (Type or Print) <u>Margaret (MARGEURITE) HIGGINS</u>			2. DATE OF DEATH <u>Dec. 21, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Balto. Gen. Hosp.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 20-01</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>334 N. Hilton St.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN. 15-1899</u>		9. AGE (In years last birthday) <u>64</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. STRAW HAT</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>operator</u>	11. BIRTHPLACE (State or foreign country) <u>BALTIMORE, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Luke McKew</u>			14. MOTHER'S MAIDEN NAME <u>HALLIE Oldson</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>334</u> <u>MRS JENNIE McKew - N. HILTON</u>		

18. E820.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral edema and contusion foci
DUE TO Fractured skull

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO _____

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

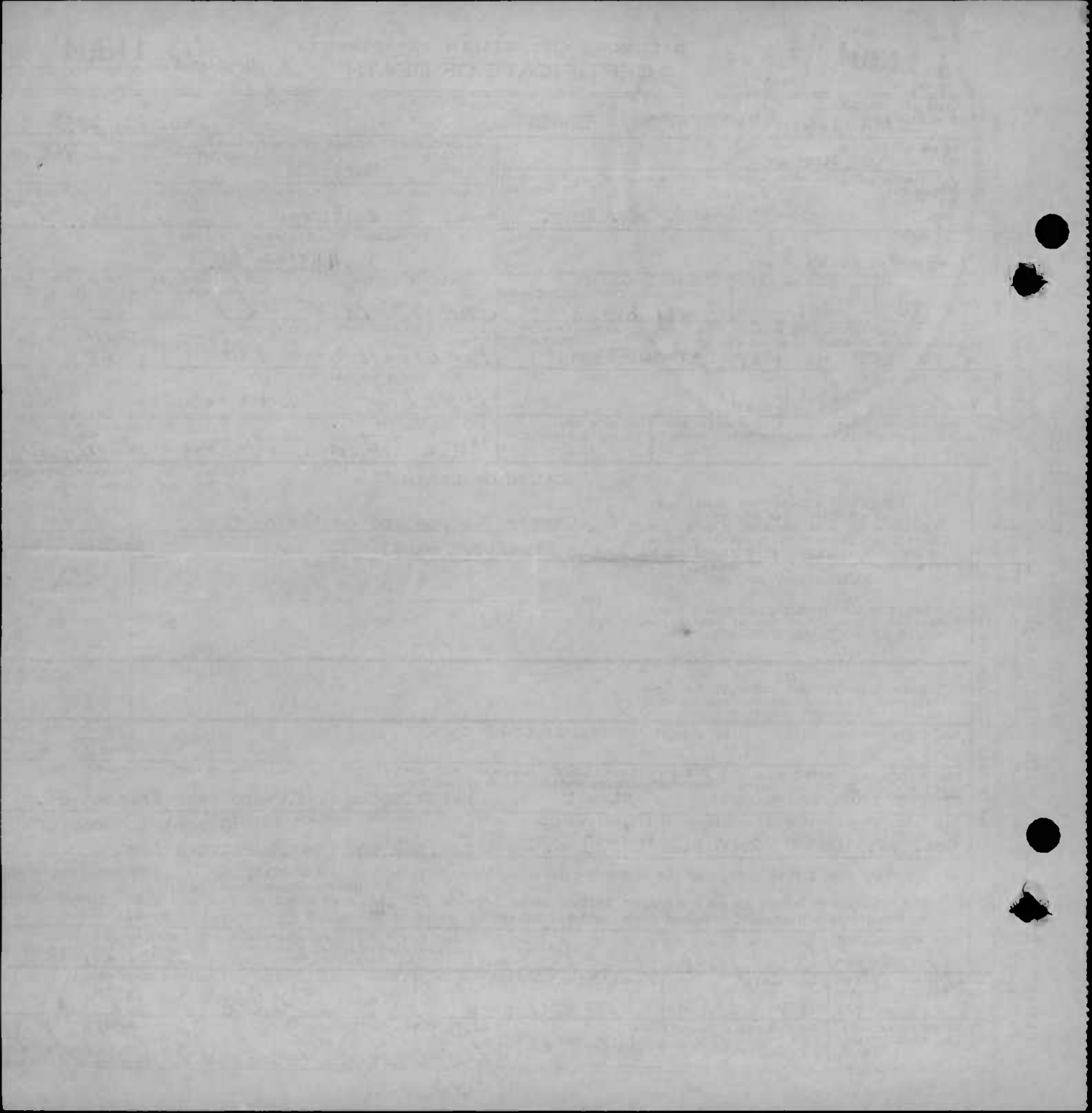
INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>Washington Boulevard near Fremont St.</u>	
21D. TIME (Month) (Day) (Year) (Hour) <u>Dec. 17, 1953 2:00 P.m.</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Caught in door of taxicab and dragged-struck head</u>	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>Joseph G. Jachimezyk</u>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/>		23C. DATE SIGNED <u>Dec. 22, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12/24/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cem</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto Md</u>		25. FUNERAL DIRECTOR <u>Leonard J. Ruck</u>		ADDRESS <u>5305 Harford</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 23 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>			

VS 151

N 803.2

6904F



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11305
Registered No.53 11305
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Mr. Joseph T. Coates

2. DATE
OF
DEATH

Dec. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

310 E. Lake Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 18, 1885

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Matheson Chemical Co.

10B. KIND OF BUSINESS OR INDUSTRY

Traffic

11. BIRTHPLACE (State or foreign country)

Hillsdale, New Jersey

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harmon T. Coates

14. MOTHER'S MAIDEN NAME

Leah Van Skiver

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

Mr. Ellsworth T. Coates, Tappan, New Yk.
Oak Tree Rd

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary occlusion

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary arterio sclerosis

1 1/2 yr

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1953, to Dec, 1953, that I last saw the deceased alive on June 6, 1953, and that death occurred at 9 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Friedrich J. Volmer

M. D.

23B. ADDRESS

6100 York Rd

23C. DATE SIGNED

12-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 26, 1953

24C. NAME OF CEMETERY OR CREMATORY

Nannet Cemetery

24D. LOCATION (City, town, or county)

Nannet, New York

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford Road.

Dr. Fred. Vollmar

~~6100 York Road~~

311 E. Gittings

W-325

53 11306

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11306

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Margaret Watkins

2. DATE
OF
DEATH

12/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

18,

9-06

D. STREET ADDRESS (If rural, give location)

1914 1/2 East 31st Street

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3/17/81

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Patrick McDonough

14. MOTHER'S MAIDEN NAME

Mary Sullivan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Emmett Watkins - 1914 1/2 E. 31st Street

18. 584X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lower Nephros Nephrosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension - renal syndrome

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12/12/53

19B. MAJOR FINDINGS OF OPERATION

Cholelithiasis + Cholecystitis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 12-4, 1953, to 12-21, 1953, that I last saw the deceased alive on 12-21, 1953, and that death occurred at 8 p. m., from the causes and on the date stated above.

23A. SIGNATURE

William M. Smith

M. D.

23B. ADDRESS

Bon Secours Hosp

23C. DATE SIGNED

12-21-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 23 1953

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

John A. Moran - 3000 E. Baltimore St.

ADDRESS

11-11-19

INDEPENDENT CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72

James Thomas Jackson
Age 72 - years - 11 months - 15 days

DEATH AND BURIAL RECORD
STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
INVESTIGATION UNIT
JANUARY 1911

Christina M. Jackson

19-11-15-11-15

89

James Thomas Jackson

James Thomas Jackson

James Thomas Jackson

James Thomas Jackson

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11307
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM MANOPY (Manokey)

2. DATE
OF
DEATH

Dec. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1212 Whatcoat Street

c. Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

8/30/96

9. AGE (In years
last birthday)

57

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR
INDUSTRY

2910 Clifton Ave.

11. BIRTHPLACE (State or foreign country)

Church Creek, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Chas. Manokey

14. MOTHER'S MAIDEN NAME

Jennie Cornish

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Sara Parker 1212 Whatcoat St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23. SIGNATURE

Joseph A. Jachimayk

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Dec. 22, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/28/53

24C. NAME OF CEMETERY OR CREMATORY

Church Creek

24D. LOCATION (City, town, or county)

Church Creek, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Geo. H. Nelson

CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11308	
1. NAME OF DECEASED (Type or Print)		Lillie H. Hill		2. DATE OF DEATH 12/21/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN Baltimore		11-04	
c. Length of stay in Baltimore 2		D. STREET ADDRESS (If rural, give location)		443 Manse Court	
5. SEX F	6. COLOR OF RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 3 ?	9. AGE (In years last birthday) 50 ?	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY Private family		11. BIRTHPLACE (State or foreign country) Anniston, Ala.	
13. FATHER'S NAME George Johnson		14. MOTHER'S MAIDEN NAME Annie Howard		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Stella Woods, 443 Manse Ct.	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) C. V. A.		CAUSE OF DEATH (A) C. V. A.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Hypertensive Heart Disease		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Uremia					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-17, 1953 to 12-21, 1953 that I last saw the deceased alive on 12-21, 1953, and that death occurred at 10:20 AM, from the causes and on the date stated above.					
23A. SIGNATURE George R. Leno		23B. ADDRESS Provident Hospital		23C. DATE SIGNED 12/21/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/24/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.		24F. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Charles L. Law, 802 Madison Ave.	

7548A

18/01/23

Bellevue
New York

11.11.11

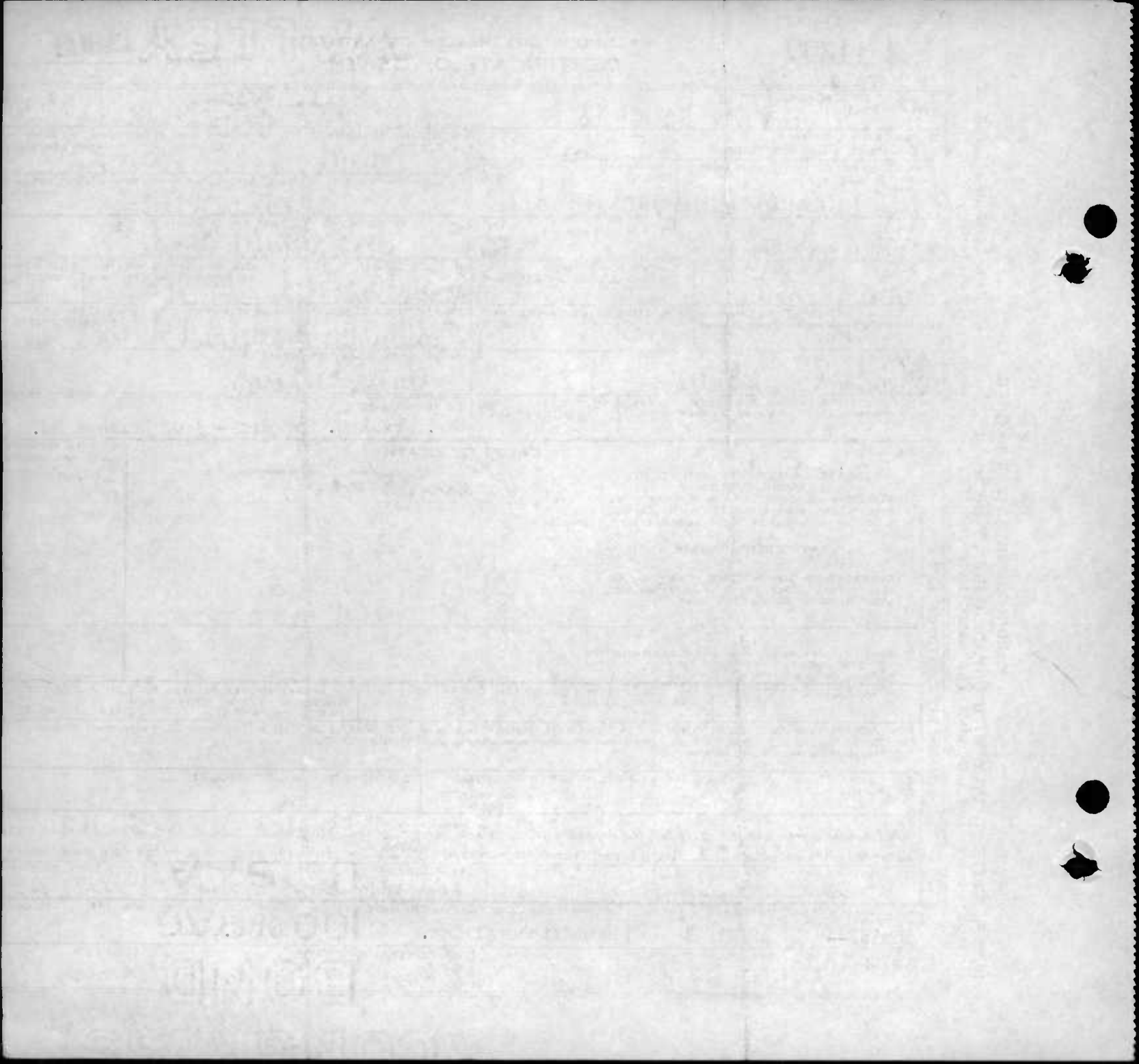
Provident Hospital

— 12 —

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 11309	
CERTIFICATE OF DEATH				Registered No. 53 11309	
BIRTH NO. 53-31615		1. NAME OF DECEASED (Type or Print) BABY BOY RODGERS		2. DATE OF DEATH December 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY 7-01			
5. FULL NAME OF (If not in hospital or institution, give street address or location) Hospital for Women of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 18-			
6. Length of stay in Baltimore 48 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3802 Rexmere Road			
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH December 22, 1953	11. AGE (In years last birthday) 35	12. Under 1 Year Months: Days: Hours: Min.
13A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		13B. KIND OF BUSINESS OR INDUSTRY		14. BIRTHPLACE (State or foreign country) Baltimore - Maryland	
15. FATHER'S NAME Frank E. Rodgers		16. MOTHER'S MAIDEN NAME Anne C. Lowe		17. CITIZEN OF WHAT COUNTRY? U.S.A.	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		19. SOCIAL SECURITY NO. 776X		20. INFORMANT ADDRESS Mr. Frank E. Rodgers - 3802 Rexmere Rd.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Pneumonia		CAUSE OF DEATH Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 30"	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21A. DATE OF OPERATION 0		21B. CONDITION FOR WHICH OPERATION WAS PERFORMED		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 22, 1953 to Dec 22, 1953 , that I last saw the deceased alive on Dec 22, 1953 , and that death occurred at 9:00 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE W. W. Gray		23B. ADDRESS 1014 St Paul St Baltimore, Md.		23C. DATE SIGNED 12/24/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial--		24B. DATE 12/23/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		24F. LOCATION (City, town, or county) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR 12/23/53		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. J. Vickener & Sons	
				ADDRESS Balto. 17, Md.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-620

53 11310
JL-176492BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11310
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Trcka

2. DATE
OF DEATH 12 -21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

820 N. Patterson Pk Ave. -5

c. Length of stay in Baltimore

7 66 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 9, 1873

9. AGE (In years last birthday)

80 1

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

tavern

10B. KIND OF BUSINESS OR INDUSTRY

own business

11. BIRTHPLACE (State or foreign country)

Czecho.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Frank Trcka

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
B. C. H. Records, 4940 Eastern Ave.

18. E900.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Pneumonia

4 days

(A)

DUE TO

Subluxation of Cervical Vertebra

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Quadruplegia secondary to trauma-
35 days

(C)

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

820 N. Patterson Pk. Ave

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Nov. 17, 1953

m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell down cellar steps

22. I hereby certify that I attended the deceased from 11-9-53, 1953, to Dec. 21, 1953, that I last saw the deceased alive on Dec. 21, 1953, and that death occurred at 12.10am, from the causes and on the date stated above.

23A. SIGNATURE

H. J. J. J. J.

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED 12-21-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd., Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 23 1953

REGISTRAR'S SIGNATURE

Huntington Williams

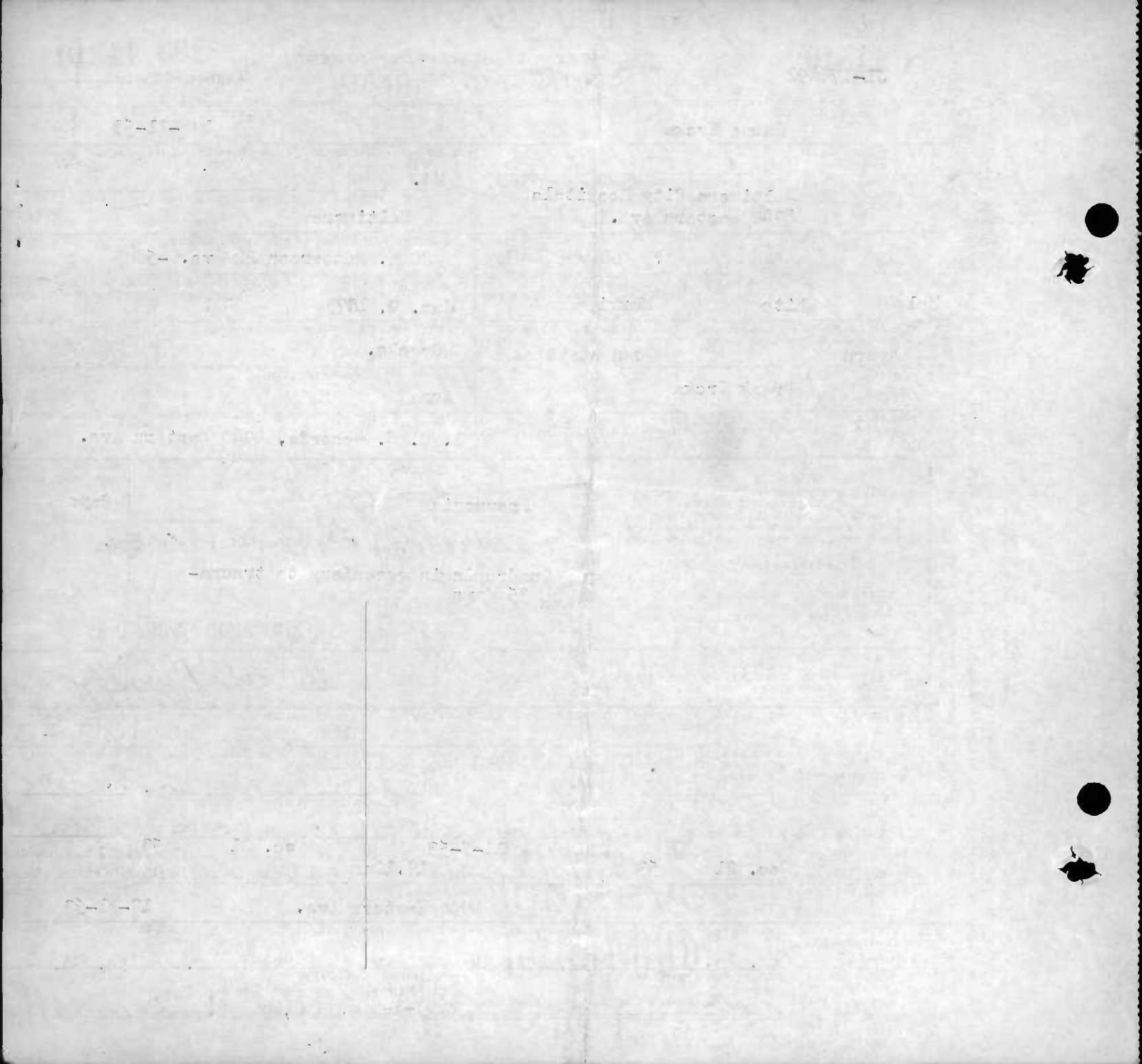
25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

VS 150

N806.0



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-420

53 11311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11311

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Norman R. Ellis

2. DATE
OF
DEATH

Dec. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 1103 Woodington Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1103 Woodington Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Sept. 22, 1980

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Right away inspector10B. KIND OF BUSINESS OR
INDUSTRY
State Roads

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lawrence Ellis

14. MOTHER'S MAIDEN NAME

Sarah E. Curley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Norman R. Ellis, Jr. 3718 Hillsdale Rd.

18. 420.1 and 177X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Coronary Thrombosis

1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

arteriosclerotic
Hypertensive cardio-vascular
disease.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb. 4, 1953

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Adeno-carcinoma of prostate gland.

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 4, 1953, to Dec. 22, 1953, that I last saw the
deceased alive on Dec. 14, 1953, and that death occurred at 12/19/53 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. D.

4116 Edmondson Avenue

23C. DATE SIGNED

Dec. 23, 1953

24A. BURIAL, CREMA
TION, REMOVAL (Specify)

Burial

24B. DATE

12/24/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 23 1953
VS YSD

Huntington Williams, M.D. Cook Inc - 1217 St Paul St

210 24

100-10311

Dec. 22, 1952

William F. Hall

Washington

100-10311

100-10311

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

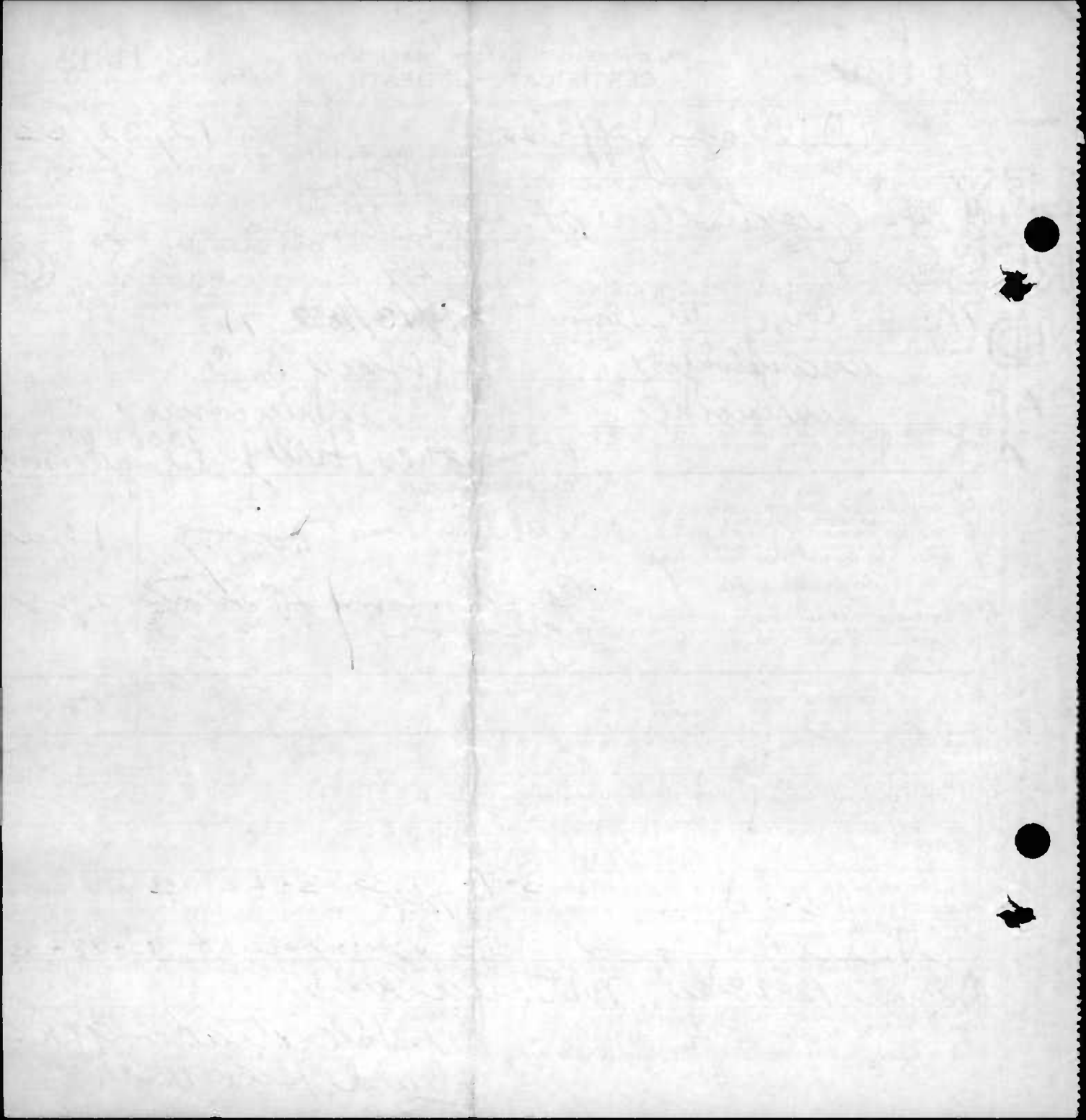
53 11312
Registered No.

53 11312
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Jeffries</i>			2. DATE OF DEATH <i>12/22/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>624- Greenwillow St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>624 Greenwillow St</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>9/13/1882</i>		9. AGE (In years last birthday) <i>71</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unemployed</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Gafney S.C.</i>
13. FATHER'S NAME <i>unknown</i>			14. MOTHER'S MAIDEN NAME <i>unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <i>Ethel Harley - Lafayette Ave</i>

18. <i>177X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ANTECEDENT CAUSES		DUE TO <i>Carcinoma of Lung</i>		<i>1 yr</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Carcinoma of Prostate gland</i>		<i>2 yr</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-7-</i> , 19 <i>53</i> , to <i>3-22-</i> , 19 <i>53</i> that I last saw the deceased alive on <i>3-22-</i> , 19 <i>53</i> and that death occurred at <i>7:00 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. Atwell</i>		23B. ADDRESS <i>535-120th St</i>		23C. DATE SIGNED <i>12-23-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-28-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 23 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>W. J. Calstead - 918 -</i>	
VS 150				<i>bluid Hill Ave,</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11313

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

yes
53 11313

1. NAME OF DECEASED
(Type or Print)

Sarah Jacobs

2. DATE
OF
DEATH

Dec-22-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Order 3

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-01

D. STREET ADDRESS (If rural, give location)

6 E. Caroline St

C. Length of stay in Baltimore

35 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May-27-1916

9. AGE (In years last birthday)

37

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Andy

14. MOTHER'S MAIDEN NAME

Ella Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

550.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Appendicular abscess

4 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Massive obesity

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-12, 1953* to *12-22, 1953*, that I last saw the deceased alive on *12-22, 1953*, and that death occurred at *10 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

John L. Hedgeman M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-22-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/26/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

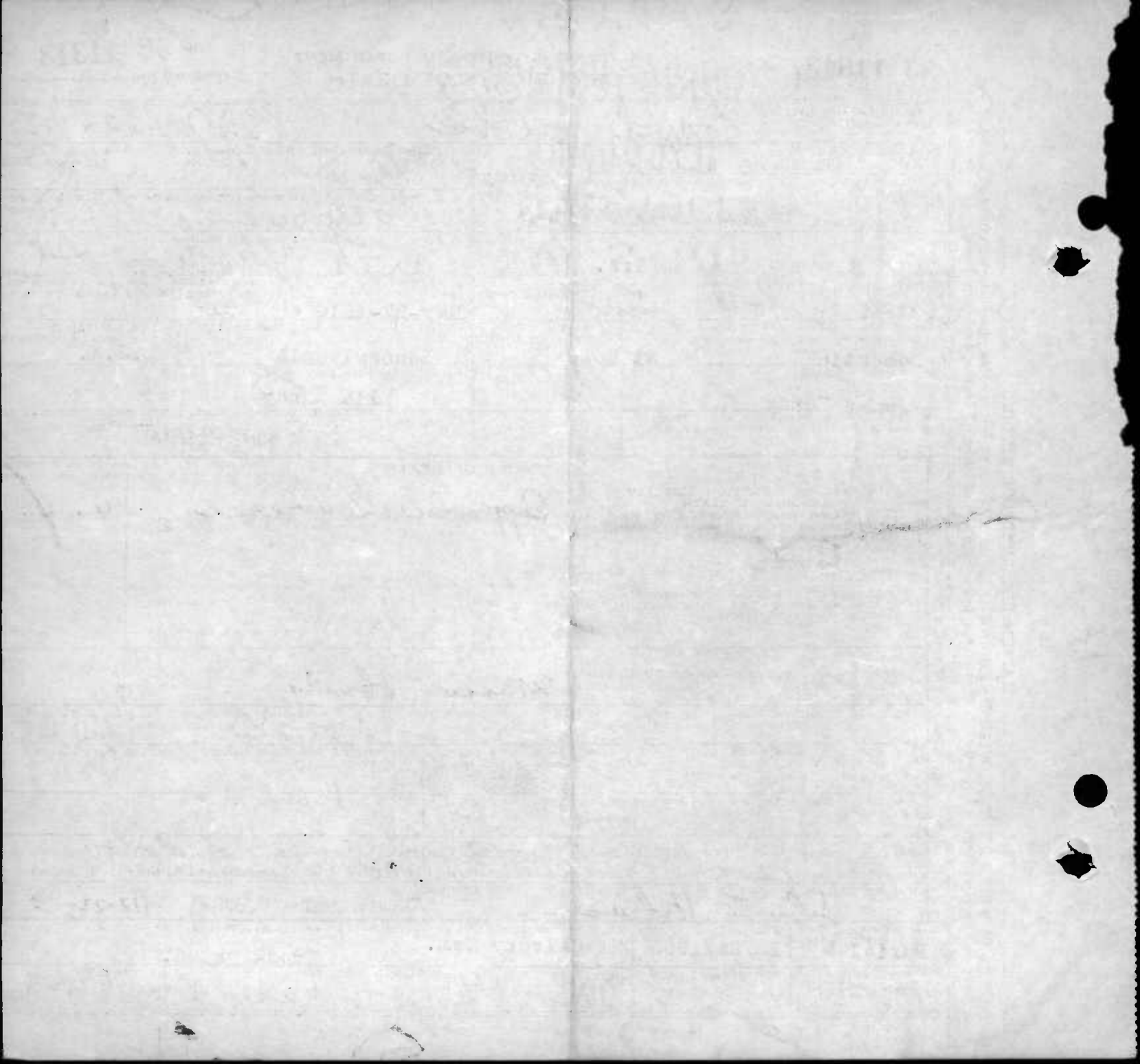
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Eding D. Wilson 1000 Kountze

ADDRESS

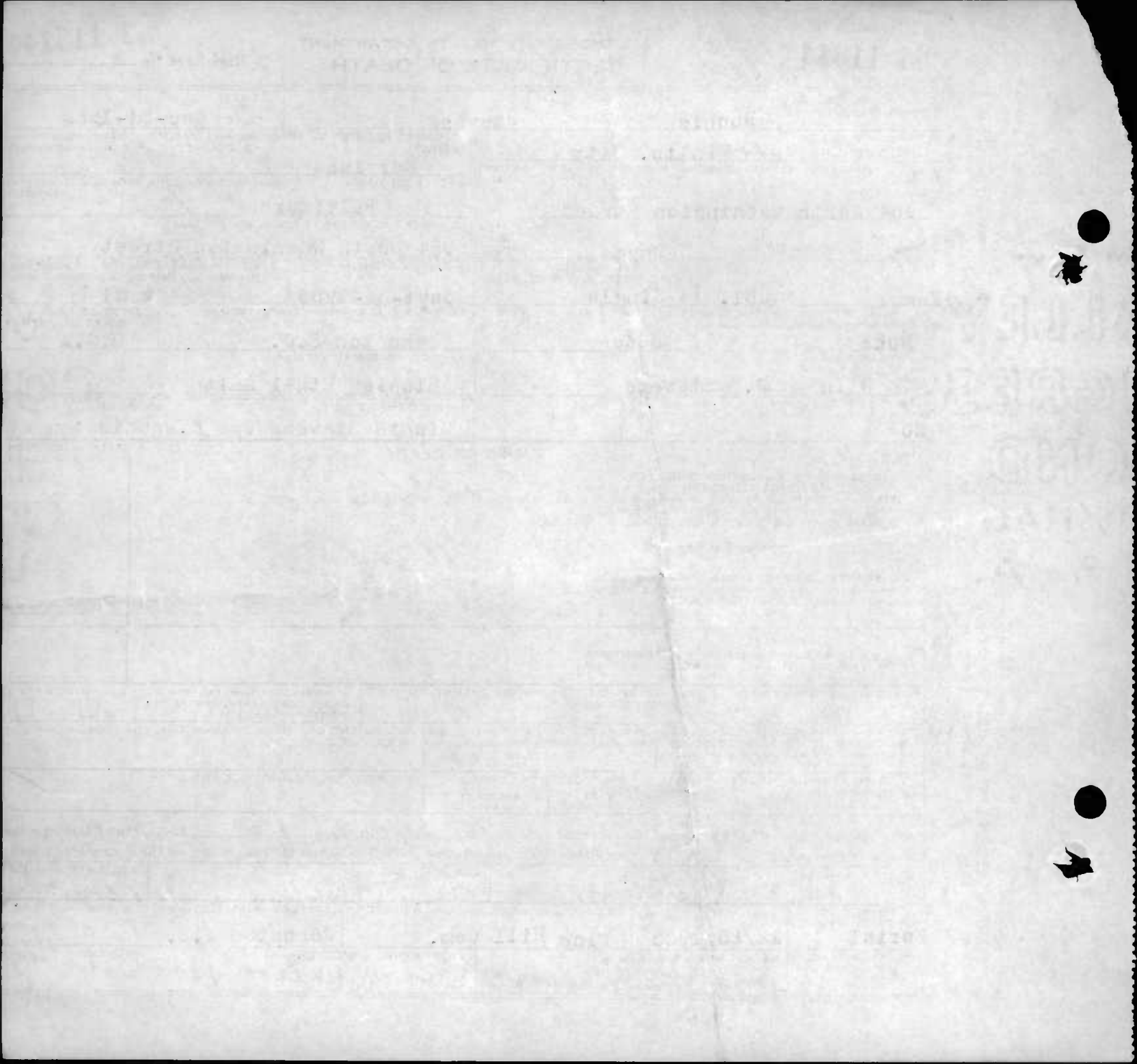
DEC 23 1953



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-315		BALTIMORE CITY HEALTH DEPARTMENT		53 11314	
53 11314		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Donnie Stevens		Dec-21-1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland Balto. City		A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
954 North Washington Street		Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
3 Days		954 North Washington Street			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Female	Col.	Single	Sept-30-1953	2	21
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
None		None		Johnston S.C.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
U.S.A.		Olin J. Stevens		Minnie Ethel Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No				Minnie Stevens 954 N. Washington st	
18. 056.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Pneumonia		1 day	
ANTECEDENT CAUSES		(B) Pertussis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/21, 1953, to 12/21, 1953, that I last saw the deceased alive on 19 and that death occurred at 7:00 a.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Steve R. Leonard		822 N. Bond St		12/24/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		12/23/1953		Pine Hill Cem.	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Johnston S.C.		E. Wilson		1000 Bunting Ave	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
DEC 23 1953		Huntington Williams		E. Wilson	
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11315
Registered No.

53 11315
BIRTH NO. 23-17402

1. NAME OF DECEASED (Type or Print) <i>John Bruce</i>		2. DATE OF DEATH <i>Dec-22-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Harriet Lane 4th</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 9-08</i>	
c. Length of stay in Baltimore <i>1 day</i>		D. STREET ADDRESS (If rural, give location) <i>828 E. 22nd St</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>7-26-53</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	9. AGE (In years last birthday) <i>4</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>John Bruce</i>		14. MOTHER'S MAIDEN NAME <i>P</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>yes</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>340.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pyogenic Meningitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Diabetes</i>		<i>5 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes Mellitus</i>		

19A. DATE OF OPERATION <i>2</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>12-20</i> , 19 <i>53</i> , to <i>12-22</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-22</i> , 19 <i>53</i> , and that death occurred at <i>5:30</i> p. m., from the causes and on the date stated above.							
23A. SIGNATURE <i>Paul M. Taylor</i>				23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>12-22-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>12/24/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>inf Calvary Ave</i>		24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 23 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>W. Wilson</i>		ADDRESS <i>1000 Beatty</i>	

VS 150

1871

1872

1873

1874

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-400 53 11316		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11316 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Howley, James Lawrence		December 21, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION 41 St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		Baltimore	
C. Length of stay in Baltimore 45 years		D. STREET ADDRESS (If rural, give location)		1020 S. Kenwood Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH DEC. 22, 1906	9. AGE (In years last birthday) 46	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOTTLER		10B. KIND OF BUSINESS OR INDUSTRY National Brewery		11. BIRTHPLACE (State or foreign country) England	
13. FATHER'S NAME JOHN HOWLEY		14. MOTHER'S MAIDEN NAME AGNES TODD		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 214-01-9437		17. INFORMANT ELIZABETH A. HOWLEY	
18. 340.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Meningitis (Germ undetermined) DUE TO (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Duodenal ulcer		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from December 18, 1953, to December 21, 1953, that I last saw the deceased alive on Dec. 21, 1953, and that death occurred at 10:10 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Carlos Formo		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED Dec. 21, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-24-53		24C. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM, 7401 GERMAN HILL RD, MD.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR, ADDRESS Charles S. Guler, 901 S. CONKLING ST. BALTO, MD.	

BODY TAKEN BY

NAME

ADDRESS

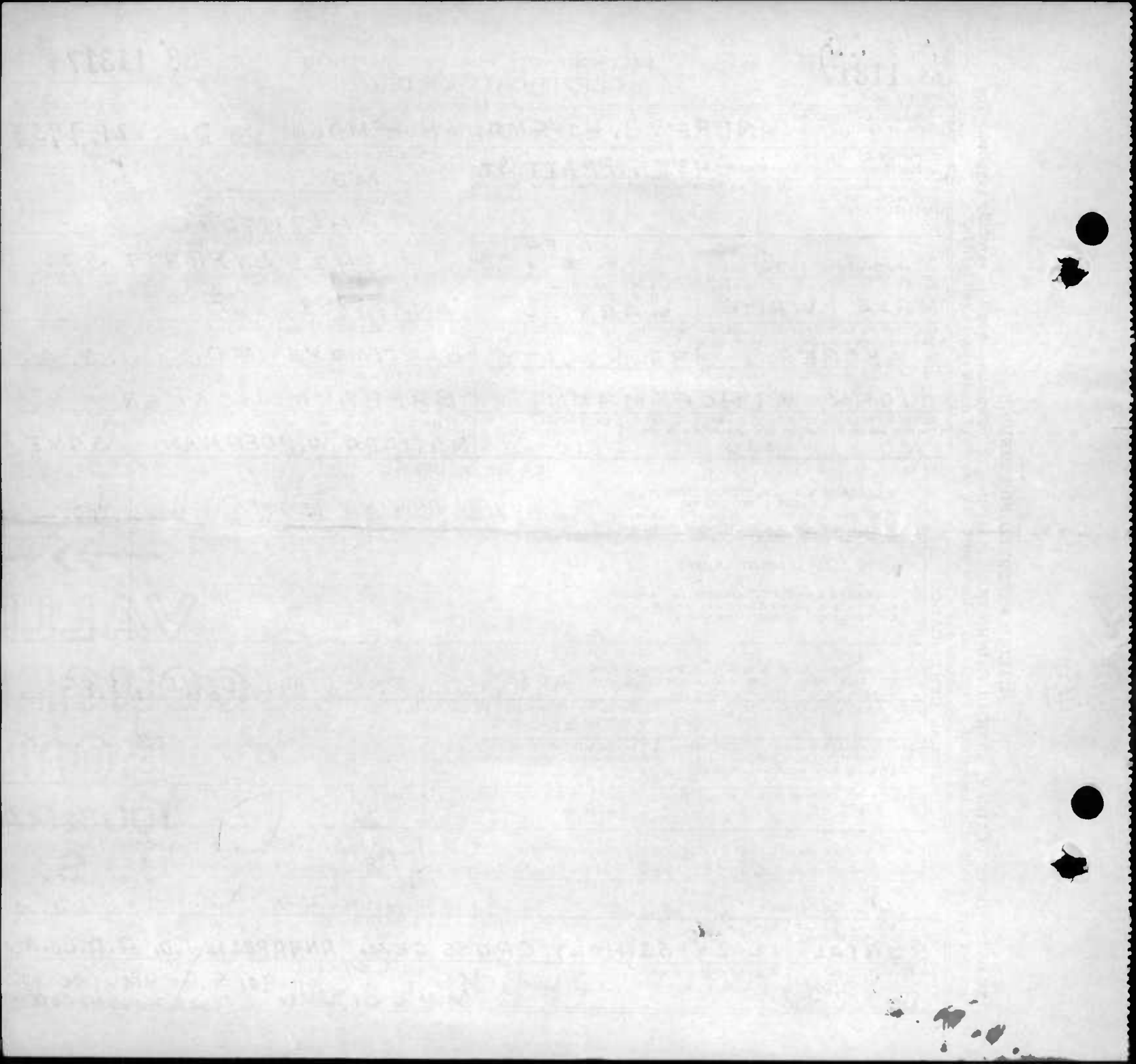
DATE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-155
53 11317BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11317
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ANDREW J. HOFFMAN - HOFFMANN		2. DATE OF DEATH DEC. 21, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3425 E. PRATT ST.		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE MD. B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS (If rural, give location) 3425 E. PRATT ST.		c. Length of stay in Baltimore LIFE Yrs. Mos. Days	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 13, 1888	9. AGE (In years last birthday) 65	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY BALTO. CITY		11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME JOHN W. HOFFMANN		14. MOTHER'S MAIDEN NAME BARBARA HORNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS MATILDA W. HOFFMAN SAME	
18. 180X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) HYPERNEPHROMA LEFT ADRENAL DUE TO CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 6-12 MOS.			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ARTERIOSCLEROTIC HEART DISEASE 2 YRS.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 19 Oct. 1953 to DEC. 21, 1953 that I last saw the deceased alive on DEC. 20, 1953 , and that death occurred at 5:10 P.M. from the causes and on the date stated above.			
23A. SIGNATURE Benjamin J. Williams		23B. ADDRESS 121 S. HILMHAND AVE		23C. DATE SIGNED 12/23/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-24-53		24C. NAME OF CEMETERY OR CREMATORY HOLY CROSS CEM.	
24D. LOCATION (City, town, or county) (State) ANNAPOLIS RD. A. A. Co. MD.		25. FUNERAL DIRECTOR Charles S. Giller		ADDRESS 901 S. CONKLING ST. BALTO. 24, MD.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953		REGISTRAR'S SIGNATURE Benjamin J. Williams			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 11318**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Stepnowski

2. DATE
OF
DEATH **Dec. 21, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 24

C. Length of stay in Baltimore

life

D. STREET ADDRESS (If rural, give location)

924 S. Bouldin Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

AUG. 18, 1889

9. AGE (In years last birthday)

64

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own home.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN RZEPKOWSKI

14. MOTHER'S MAIDEN NAME

ANTOINETTE SIWAK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If Yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOSEPH STEPNOWSKI

SAME.

18. **443X and 260X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-vascular disease

DUE TO

(C)

with Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 11 th 1953**, to **Dec. 21 st 1953**, that I last saw the deceased alive on **Dec. 21, 19 53**, and that death occurred at **11:55 PM**, from the causes and on the date stated above.

23A. SIGNATURE

D. Layton

23B. ADDRESS

M. D. **1400 N. Caroline Street - 13**

23C. DATE SIGNED

Dec. 21, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-26-53

24C. NAME OF CEMETERY OR CREMATORY

HOLY ROSARY CEM.

24D. LOCATION (City, town, or county) (State)

GERMAN HILL RD. BACO, MD.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 23 1953

REGISTRAR'S SIGNATURE

Thurston Williams, Jr.

25. FUNERAL DIRECTOR

Charles S. Geller **901 S. CONKLING ST. BALTO., 24, MD.**

BODY TAKEN E.

NAME _____

ADDRESS _____

DATE _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-600

53 11319

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11319

1. NAME OF DECEASED (Type or Print) <i>Lusie Phair</i>			2. DATE OF DEATH <i>Dec. 22, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Stal 4</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>Anne Arundel</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>Cherry Lane Rd Box 2 B</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3-26-1890</i>	9. AGE (In years last birthday) <i>63</i>	10. Under 1 Year Months: Days: <i>63</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ind.</i>
13. FATHER'S NAME <i>Albert Easley</i>			14. MOTHER'S MAIDEN NAME <i>Anna Dorsey</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>
18. <i>142.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Recurrent carcinoma of prostate</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>approx 1 year</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>radical prostatectomy</i>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/22, 1953</i> to <i>12/22, 1953</i> that I last saw the deceased alive on <i>12/22, 1953</i> and that death occurred at <i>7:35 P.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William F. Reichman</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov 24-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Emmanuel Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Staggville Ind.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 23 1953</i>		REGISTRAR'S SIGNATURE <i>William F. Reichman</i>		25. FUNERAL DIRECTOR ADDRESS <i>Walt Whit Rossellson</i>	

VS 150

1931

RECEIVED

OFFICE OF THE

1931

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1931

K-650
53 11320BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11320

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Meyer KROME

2. DATE
OF DEATH
December 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

44 S. Albemarle St.

c. Length of stay in Baltimore

49 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Male

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1875

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Zalman Krome

14. MOTHER'S MAIDEN NAME

Fannie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Samuel Kramer - 4127 Farness Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachimek

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Dec. 22, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/24/53

24C. NAME OF CEMETERY OR CREMATORY

Anshei Emenah Long

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Prof. Krimm & Bros

ADDRESS

1124 W. North Ave

4.45 P.M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-534
53 11321BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11321

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Knoseder

2. DATE
OF
DEATH

Dec 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Doe 6

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1965 Perlman Place

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7-22-1890

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Knoseder

14. MOTHER'S MAIDEN NAME

Lena Burkhardt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 450.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Pulmonary Embolism

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) DUE TO
(B) DUE TO
(C) DUE TOHeart Failure
Atherosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/19, 1953, to 12/22, 1953 that I last saw the
deceased alive on 12/22, 1953 and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. Weed

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-22-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

E. North Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

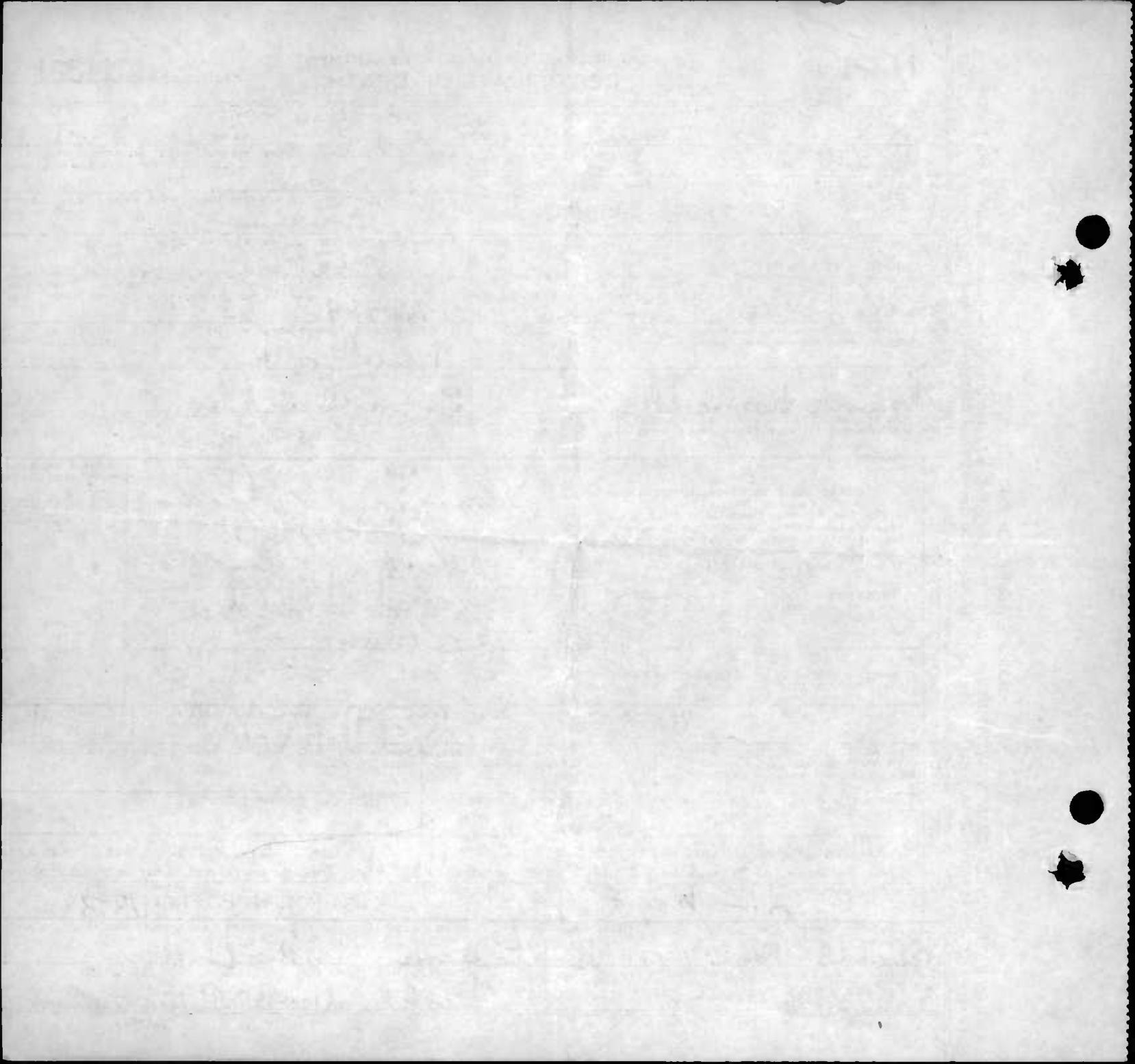
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leslie Book 1701-63 N. Patterson Park
Ave.

ADDRESS

VS 150



W-256
53 11322BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11322

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE MARGARET WAGNER

2. DATE
OF
DEATH

12-23-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

MD.

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

GARRISON

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

5-1-88

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

W. VA.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOSEPH KELLER

14. MOTHER'S MAIDEN NAME

ESTHER ROSE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If Yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT *Herbert A. Wagner* ADDRESS

SON

GARRISON, MD.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

PERITONITIS

24 HRS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

CARCINOMATOSIS

10 DAYS

DUE TO

(C)

CA OF COLON

UNKNOWN

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

GEN. ARTERIO SCLEROSIS

UNKNOWN

19A. DATE OF OPERATION

12-13-53

19B. MAJOR FINDINGS OF OPERATION

METASTATIC CA

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 12-13, 1953, to 12-23, 1953, that I last saw the
deceased alive on 12-22, 1953, and that death occurred at 7:28A.m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen J. Galla

M. D.

23B. ADDRESS

UNION MEMORIAL HOSP

23C. DATE SIGNED

12-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 24 1953

24C. NAME OF CEMETERY OR CREMATORY

St Thomas

24D. LOCATION (City, town, or county)

Garrison Forest Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

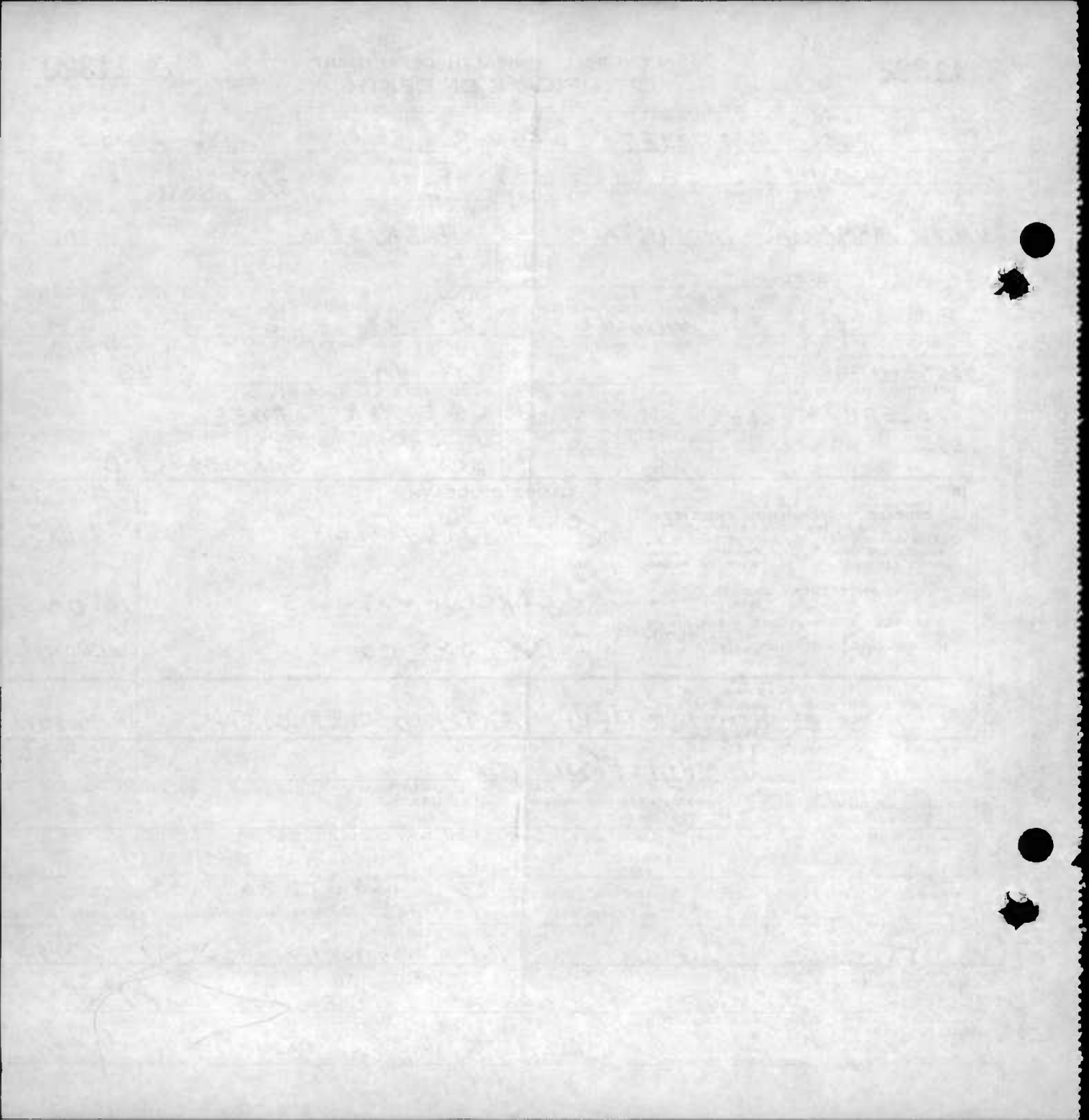
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 23 1953

Thurston W. Williams, 4905 York Rd.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 11323
Registered No.

BIRTH NO. 53-11323

1. NAME OF DECEASED (Type or Print) ELIZABETH MILLER			2. DATE OF DEATH Dec. 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1120 Hewitt Way			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1120 Hewitt Way			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1120 Hewitt Way		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 5, 1876		9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME Robert Curran			14. MOTHER'S MAIDEN NAME Catherine		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Howard C. Lee 1120 Hewitt Way		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of colon (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 6 mo.?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pneumo-pneumonia		3 wks
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov. , 1953, to Dec 22, 1953 , that I last saw the deceased alive on 12-21, 1953 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.		
23A. SIGNATURE Arthur Moore	23B. ADDRESS 3105 Belair Rd M. D.	23C. DATE SIGNED 12-23-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 24, 1953	24C. NAME OF CEMETERY OR CREMATORY Loudon Park
24D. LOCATION (City, town, or county) (State) Baltimore-Md.	25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 4210 Belair Road-6	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS
COUNTY OF DALLAS

RECEIVED
JAN 10 1901
CLERK OF DISTRICT COURT
DALLAS, TEXAS

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said Court, at Dallas, Texas, this 10th day of January, 1901.

CLERK OF DISTRICT COURT

WITNESSES my hand and the seal of said Court, at Dallas, Texas, this 10th day of January, 1901.

NOTARY PUBLIC FOR TEXAS

NOTARY PUBLIC FOR TEXAS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

11324

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11324

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Murietta Blizzard

2. DATE
OF
DEATH

Dec 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

A3

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Ind.

B. COUNTY

Carroll

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

New Windsor

D. STREET ADDRESS (If rural, give location)

Rt 1

5600

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-29-1912

9. AGE (In years last birthday)

41

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of cervix uteri,
IC 3.

ANTECEDENT CAUSES

(B)

DUE TO

Meningitis

(C)

anemia.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21a. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/23, 1953 to 12/23, 1953 that I last saw the deceased alive on 12/23, 1953, and that death occurred at 7:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Harry R. [Signature] MD

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL CREMATION REMOVAL (Specify)

24B. DATE

12/26/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

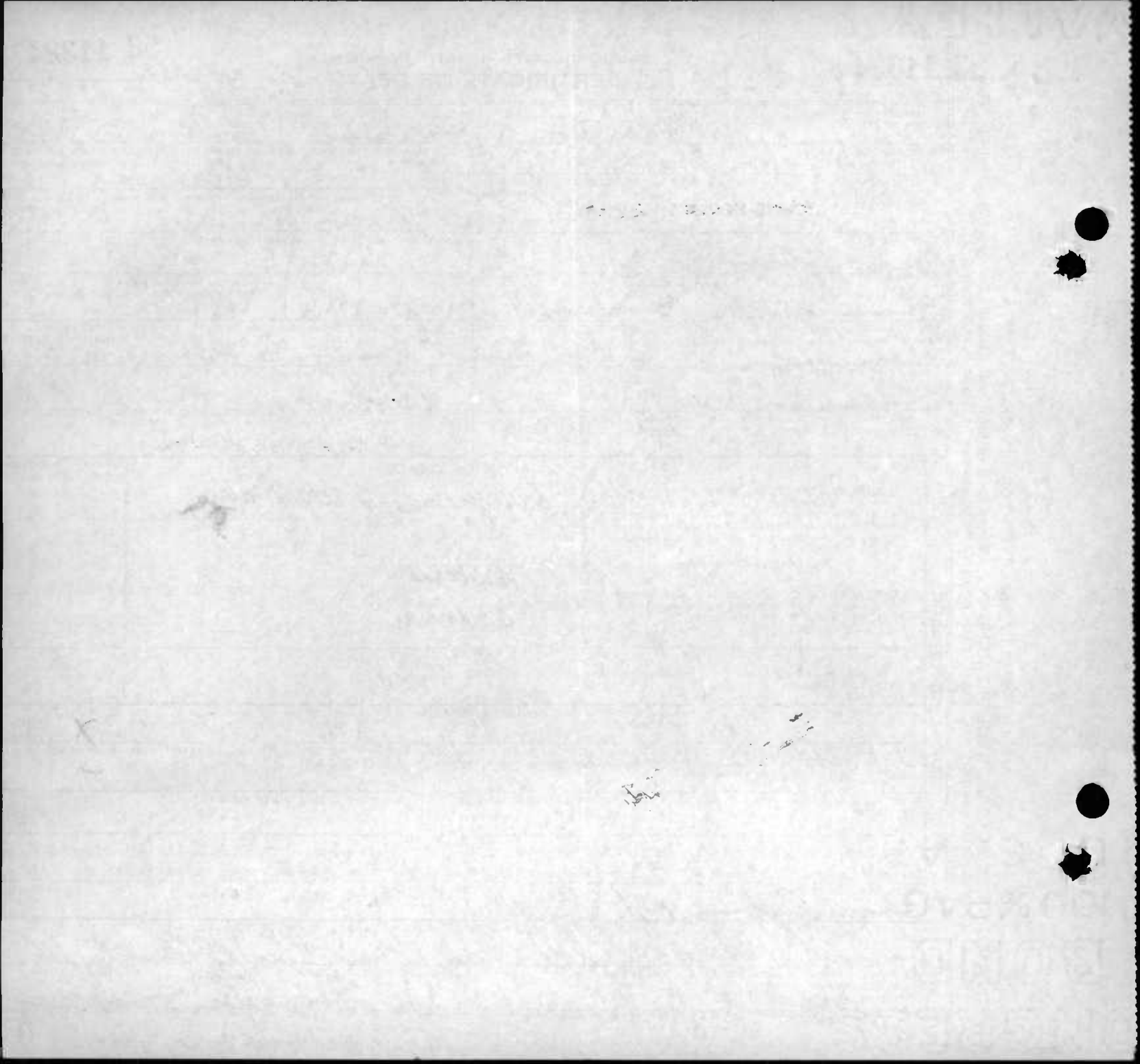
DEC 23 1953

Huntington Williams, MD

D. D. Hartzler & Sons

VS 150

New Windsor, Ind



N-260
53 11325BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11325

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ELSIE NEISSER		2. DATE OF DEATH 12-21-53	
3. PLACE OF DEATH: a. Baltimore City, Maryland Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Anne Arundel			
b. FULL NAME OF HOSPITAL OR INSTITUTION 48 Maryland General Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) Paradise East Shore Rd and 3rd St NE			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 1888 March 27	9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Thomas Young		14. MOTHER'S MAIDEN NAME Bliss Skinner		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Family - Same	
18. 42211 and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral thrombosis DUE TO Heart failure (B) Diabetes DUE TO A.C.V.D. (C)		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-6-53 , 19 53 , to 12-21-53 , 19 53 that I last saw the deceased alive on 12-21 , 19 53 and that death occurred at 10:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE R. Taylor		23b. ADDRESS Am		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) B.		24b. DATE 12/24/53		24c. NAME OF CEMETERY OR CREMATORY GLENN HAUEN	
24d. LOCATION (City, town, or county) (State) Balto.		DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Geo. L. DeLaney		ADDRESS 30 E. FORT AVE			

11-25-2

ESTABLISHED

Blank lined paper with three binder holes on the right edge.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

5-530 3 11326		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11326	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <u>Smith, Roy M.</u>				2. DATE OF DEATH <u>December 22, 1953</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>25-05</u>	
c. Length of stay in Baltimore Yrs. <u> </u> Mos. <u> </u> Days <u> </u>				D. STREET ADDRESS (If rural, give location) <u>4922 Curtis Avenue #26</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10/22/02</u>	9. AGE (In years last birthday) <u>51</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Helper</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>American Beer Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>George Smith</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Seymour</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT <u>Family - Same</u>	
18. <u>307x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Delirium Tremens</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Possible cerebrovascular accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u> </u>	
19A. DATE OF OPERATION <u> </u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <u> </u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <u> </u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u> </u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u> </u>	
22. I hereby certify that I attended the deceased from <u>December 19, 1953</u> to <u>December 22, 1953</u> that I last saw the deceased alive on <u>Dec. 22, 1953</u> , and that death occurred at <u>10:05 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Louis A. Fritz</u>		23B. ADDRESS <u>1400 N. Caroline Street</u>		23C. DATE SIGNED <u>Dec. 22, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24B. DATE <u>12/28/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore National</u>	
24D. LOCATION (City, town, or county) <u>Baltimore</u>		24E. FUNERAL DIRECTOR <u>James L. McCully - 130</u>		24F. ADDRESS <u>Fort Avenue</u>	

BODY TAKEN BY

NAME

ADDRESS

DATE

H-220
53 11327BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11327
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA FLORENCE HUGHES

2. DATE
OF
DEATH

DEC. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND TOWSON

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

TOWSON 4, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

202 W. PENN. Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 3, 1899

9. AGE (In years last birthday)

61

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Towson, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Frank E. Whalen

14. MOTHER'S MAIDEN NAME

Anna Florence German

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS
Mrs. Miles Hopkins 4908 Roland Ave18. 451X and 260X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Aneurysm Abdominal Aorta

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Oct 4, '53 to Dec 21 '53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C) Diabetes Mellitus

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 6, 1953 to Dec. 21, 1953 that I last saw the deceased alive on Dec. 21, 1953, and that death occurred at 3:29 pm., from the causes and on the date stated above.

23A. SIGNATURE

Paul M. Alcece

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

Dec 21, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 24 1953

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Pk

24D. LOCATION (City, town, or county)

Towson Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

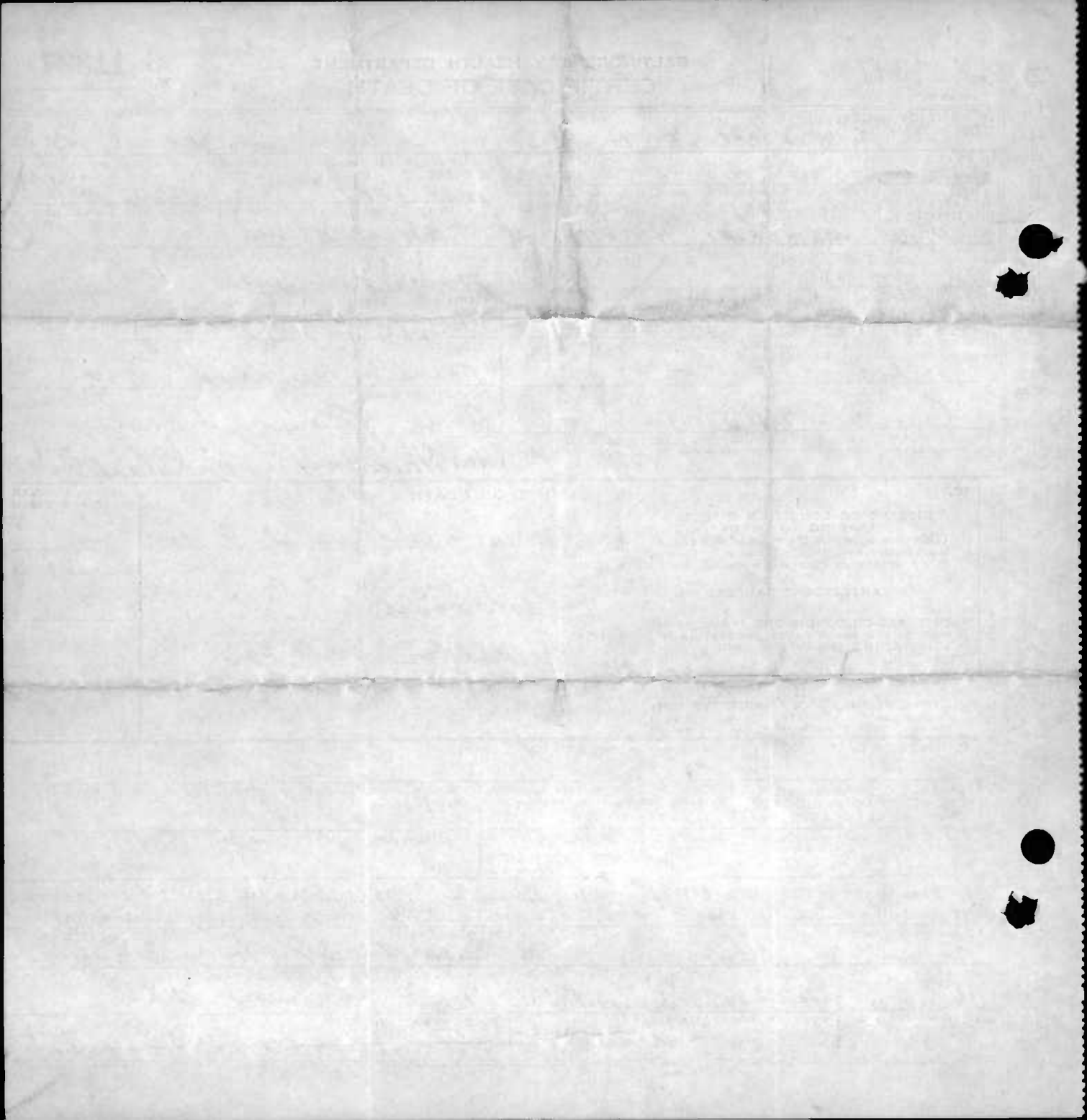
H. T. Ington

25. FUNERAL DIRECTOR

H. W. Mease

ADDRESS

805 N. Calvert St



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 11328

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hattie AHLBIN

2. DATE
OF
DEATH

12/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

Rural

D. STREET ADDRESS (If rural, give location)

331 A. Montgomery Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

10-1 1894 59 58

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Dayton, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Claude Walker

14. MOTHER'S MAIDEN NAME

Symanthia Gordon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Lorraine Eichelberger, Elkridge, Md.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma sigmoid colon with
metastasis and cachexia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11. 16, 19⁵³, to 12-22, 19⁵³, that I last saw the
deceased alive on 12. 21, 19⁵³, and that death occurred at 4:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Edwards Gida

M. D.

23B. ADDRESS

St. Agnes' Hospital

23C. DATE SIGNED

12. 22. 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-26-53

24C. NAME OF CEMETERY OR CREMATORY

Good Shepherd

24D. LOCATION (City, town, or county)

Ellicott City, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 23 1953

H. H. Hinton Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

F. C. Higinbotham, Ellicott City, Md.

THIS CERTIFICATE IS ISSUED TO THE
OWNER OF THE VESSEL
FOR THE PURPOSE OF
REGISTERING THE VESSEL
IN THE MARITIME SERVICE
OF THE UNITED STATES
OF AMERICA.

THE VESSEL IS
REGISTERED IN THE
MARITIME SERVICE
OF THE UNITED STATES
OF AMERICA
ON THE
DATE OF
ISSUE OF THIS
CERTIFICATE.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 11329BIRTH NO. 53 11329

1. NAME OF DECEASED (Type or Print) MARIE O. CLATTERBUCK			2. DATE OF DEATH December 23, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2411 E. Ashland Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 24, 1926		9. AGE (in years last birthday) 27
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer		10B. KIND OF BUSINESS OR INDUSTRY Shirt Factory		11. BIRTHPLACE (State or foreign country) Ind -	
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Frank A. Clatterbuck			ADDRESS 2411 Ashland Ave.		

18. E 816.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture (A) XXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Multiple contusions and lacerations of the body (B) XXXXX		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Milton Avenue and Fairmount Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 23, 1953 7:30 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Passenger in auto which was struck by trackless trolley	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Wood		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 23, 1953	

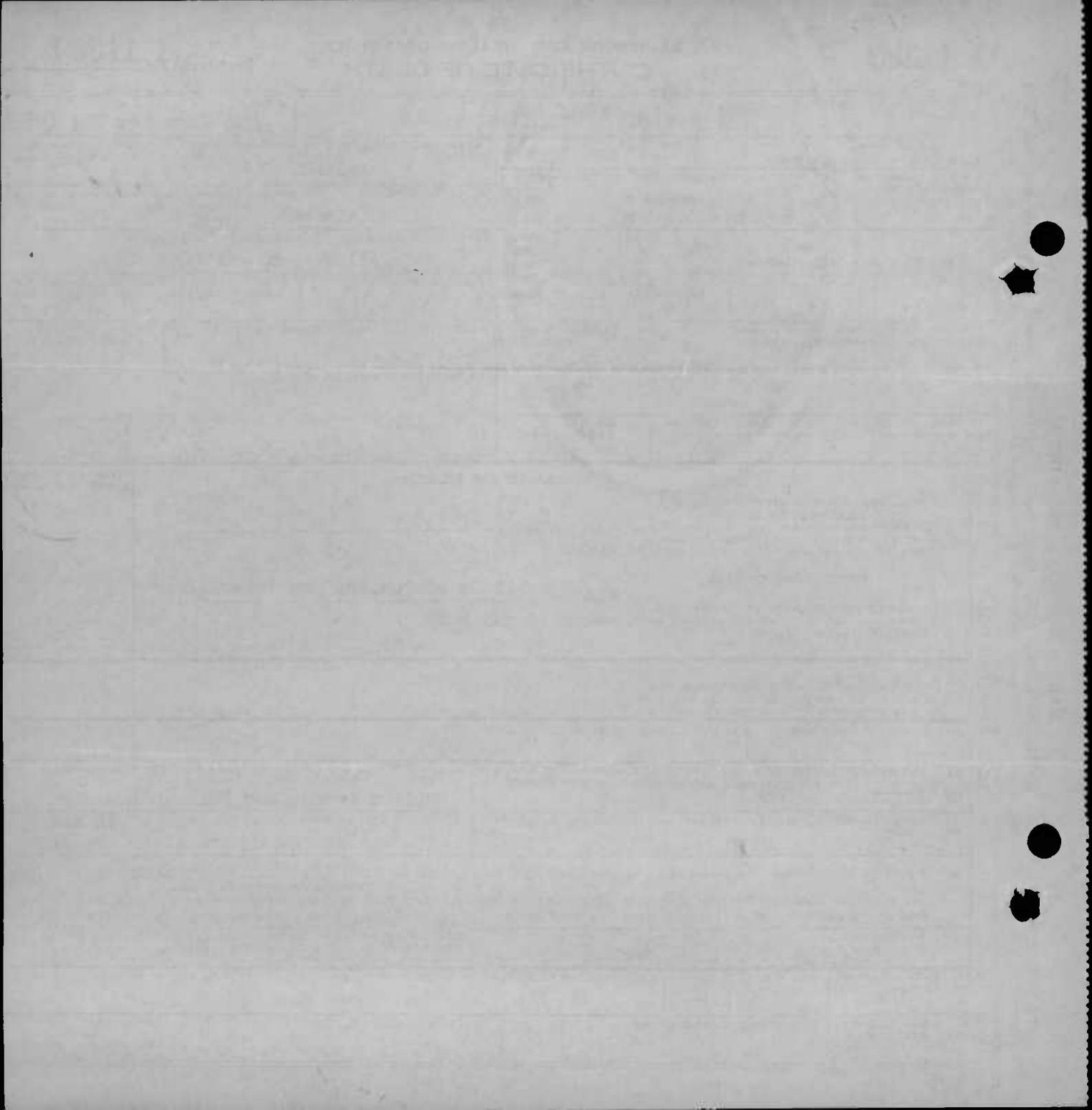
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 26 1953		24C. NAME OF CEMETERY OR CREMATORY Gruid Ridge		24D. LOCATION (City, town, or county) (State) Pikerville Ind.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953		REGISTRAR'S SIGNATURE Paul C. Clatterbuck		25. FUNERAL DIRECTOR Paul C. Clatterbuck			
ADDRESS 5615-17 Chestnut Ave.							

VS 151

js

N 803.2

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11330		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11330 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
CHARLES R McMACKIN			Dec 23, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location)			A. STATE		
3141 Luttendon Place			Md.		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Yrs. Mos. Days			Balto.		
D. STREET ADDRESS (If rural, give location)			3141 Luttendon Place.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Male	White	Married	March 29, 1892	56	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
Iron Worker			Md.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
Outrick Bros.					
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
-			-		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
-		-		Viola E. McMackin 3141 Luttendon Place	
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
(A) DUE TO			ACUTE HEART FAILURE		
ANTECEDENT CAUSES			(B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DIABETIS - NEPHRITIS -		
(C) DUE TO			3 YEARS		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
0					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from FEB-12, 1950 to DEC 22, 1953, that I last saw the deceased alive on DEC-22, 1953, and that death occurred at 5:30A m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Arthur J. Davies		800 W 33 ST		12-23-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Dec 26 1953		Moreland Memorial Ch	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore		Paul E. Schumacher		3657 Luttendon Ave.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
DEC 23 1953		Huntington Williams			
VS 150					

69024

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11331

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11331

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NELLIE M. RUSSELL

2. DATE
OF
DEATH Dec. 23, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write full name, and give township)
Balto.

712 Bay St.

D. STREET ADDRESS (If rural, give location)
712 Bay St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months Days Hours Min.Female White Widowed
10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Poland.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frances J. Wagner 712 Bay St.

18. 700.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Retenulum Cell Sarcoma
of neck with
generalized metastases

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.Biopsy diagnosis made at
Sinai Hospital Oct 1953.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1953 to Dec 23, 1953 that I last saw the
deceased alive on Dec 22, 1953, and that death occurred at 6:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Dec 26 1953 Holy Cross

Baltimore Highway

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 23 1953

Washington Williams

Paul E. Chenevix 365-17 Chestnut St

VS 150

Dr. Wallenstein

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 11332

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary

Loretta Shalaby

2. DATE
OF
DEATH

Dec. 23 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

a. STATE

b. COUNTY

before admission)

Maryland

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

219 S. Broadway

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Lutheran Hospital

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Female White

Married

Sept. 27, 1893

60

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William M. Chilcote

14. MOTHER'S MAIDEN NAME

Sarah Dellehunt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

Mrs. Richard Galiszewski, 623 Dennison St.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) congestive heart failure
DUE TO arteriosclerotic heart
disease

ANTECEDENT CAUSES

(B) Uremia
DUE TODISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Dec. 21, 1953 to Dec. 23, 1953 that I last saw the
deceased alive on Dec. 23, 1953 and that death occurred at 2:30 p. m. from the causes and on the date stated above.

23a. SIGNATURE

Samuel S. F. J. J.

23b. ADDRESS

Lutheran Hospital

23c. DATE SIGNED

12/23/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Dec. 26, 1953

24c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24d. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

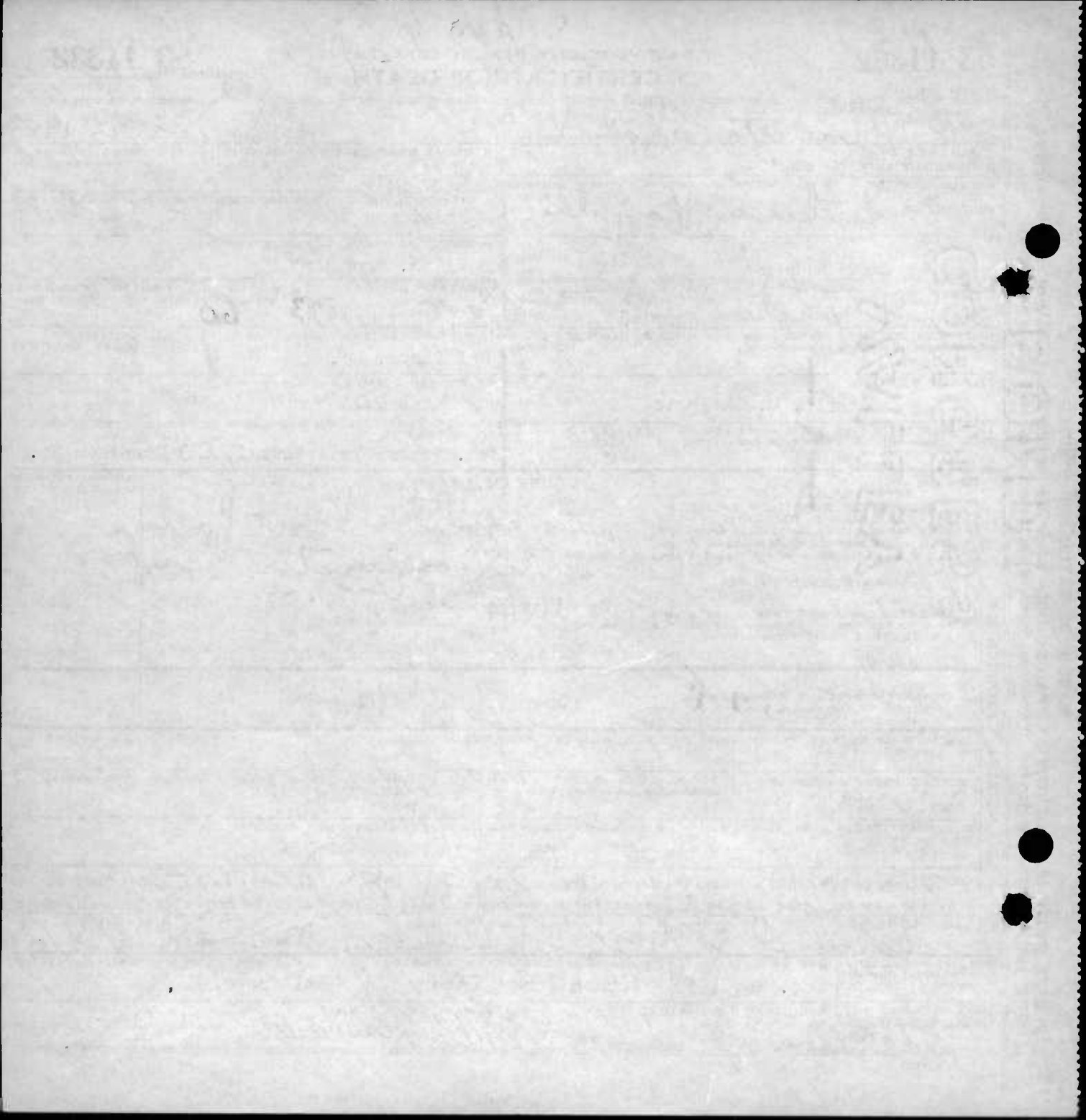
T. W. Williams

25. FUNERAL DIRECTOR

Mills Lamoreaux

ADDRESS

4510 Liberty
Heights Ave.



D-200
53 11333BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11333

1. NAME OF DECEASED (Type or Print) Janet M. Dash			2. DATE OF DEATH December 21, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Woodlawn		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 6825 Windsor Mill Road 5300		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 2, 1873	9. AGE (In years last birthday) 80 yrs	II Under 1 Year Months: Days II Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Lonaconing, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Munro			14. MOTHER'S MAIDEN NAME Elizabeth Ballentine		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Mrs. George Dobbins, 6825 Windsor Mill Rd		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hypertensive Cardio Vase Disease DUE TO (C) Generalized Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 hrs 10 yrs
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-21-53 to 12-21-53, that I last saw the deceased alive on 12-21-53, and that death occurred at 6:50 PM, from the causes and on the date stated above.					
23A. SIGNATURE Thos J Abbott			23B. ADDRESS M.D. 4509 Liberty Heights Ave.		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 24, 1953	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953	REGISTRAR'S SIGNATURE Huntington Williams		FURNERAL DIRECTOR J. L. Lamon		ADDRESS 4510 Liberty Heights Ave.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-460
53 11334
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11334

1. NAME OF DECEASED (Type or Print) Miller, Thomas Joseph			2. DATE OF DEATH December 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 37 E. Ostend Street		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			c. Length of stay in Baltimore Yrs. 4 Mos. 0 Days 0		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/26/1887	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector			10B. KIND OF BUSINESS OR INDUSTRY Balto. & Ohio Railroad		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Thomas Miller		
14. MOTHER'S MAIDEN NAME Anna Miller			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Mrs J. J. Miller		
18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) Intestinal obstruction DUE TO (B) Volvulus (C) adenocarcinoma, rectum		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Meckel's diverticulum		
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from December 13, 1953 to December 22, 1953 that I last saw the deceased alive on Dec. 22, 1953 and that death occurred at 1:00 pm. , from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED Dec. 22, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/26/53		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) (State) Reisterstown		24E. FUNERAL DIRECTOR Huntington Williams		24F. ADDRESS 1318 Heights St	
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR [Signature]	

NAME _____
ADDRESS _____
DATE _____
BODY TAKEN BY _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

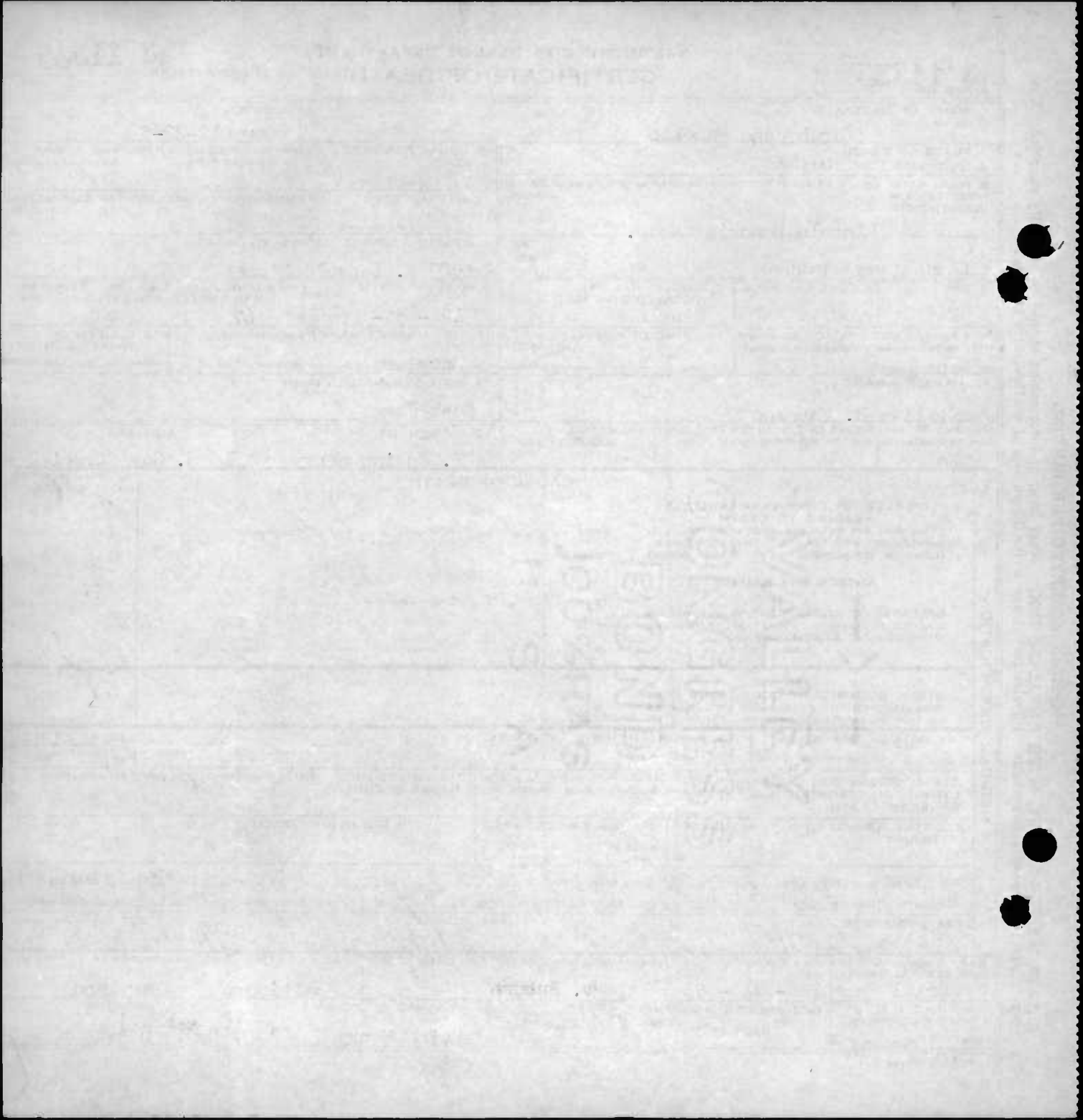
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11335

M-520
53 11335
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Sarah Jane Manokoo</u>			2. DATE OF DEATH <u>12-22-53</u>		
3. PLACE OF DEATH: a. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>16-03</u>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Memorial Hosp.</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <u>1529 W. Lanvale Street</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12-5-86</u>		9. AGE (In years last birthday) <u>67</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>William H. Manokoo</u>			14. MOTHER'S MAIDEN NAME <u>Leah Jane</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>ATT. Josiah Henry 15 S. Gay Street</u>		
1b. <u>170X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH <u>Cerebral of B. vent</u> DUE TO <u>Cerebral</u> DUE TO DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>P</u> <u>P</u>
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-22-53</u> , 19 <u>53</u> to <u>12-22-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-22-53</u> , 19 <u>53</u> and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Charles J. W. [Signature]</u>		23b. ADDRESS <u>861 [Signature]</u>		23c. DATE SIGNED <u>12-22-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn</u>	
24d. LOCATION (City, town, or county) (State) <u>Baltimore Maryland</u>		24e. FUNERAL DIRECTOR <u>Lewis Henry</u>		24f. ADDRESS <u>1307 Madison Ave</u>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Lewis Henry</u>	

DEC 23 1953
VS 150



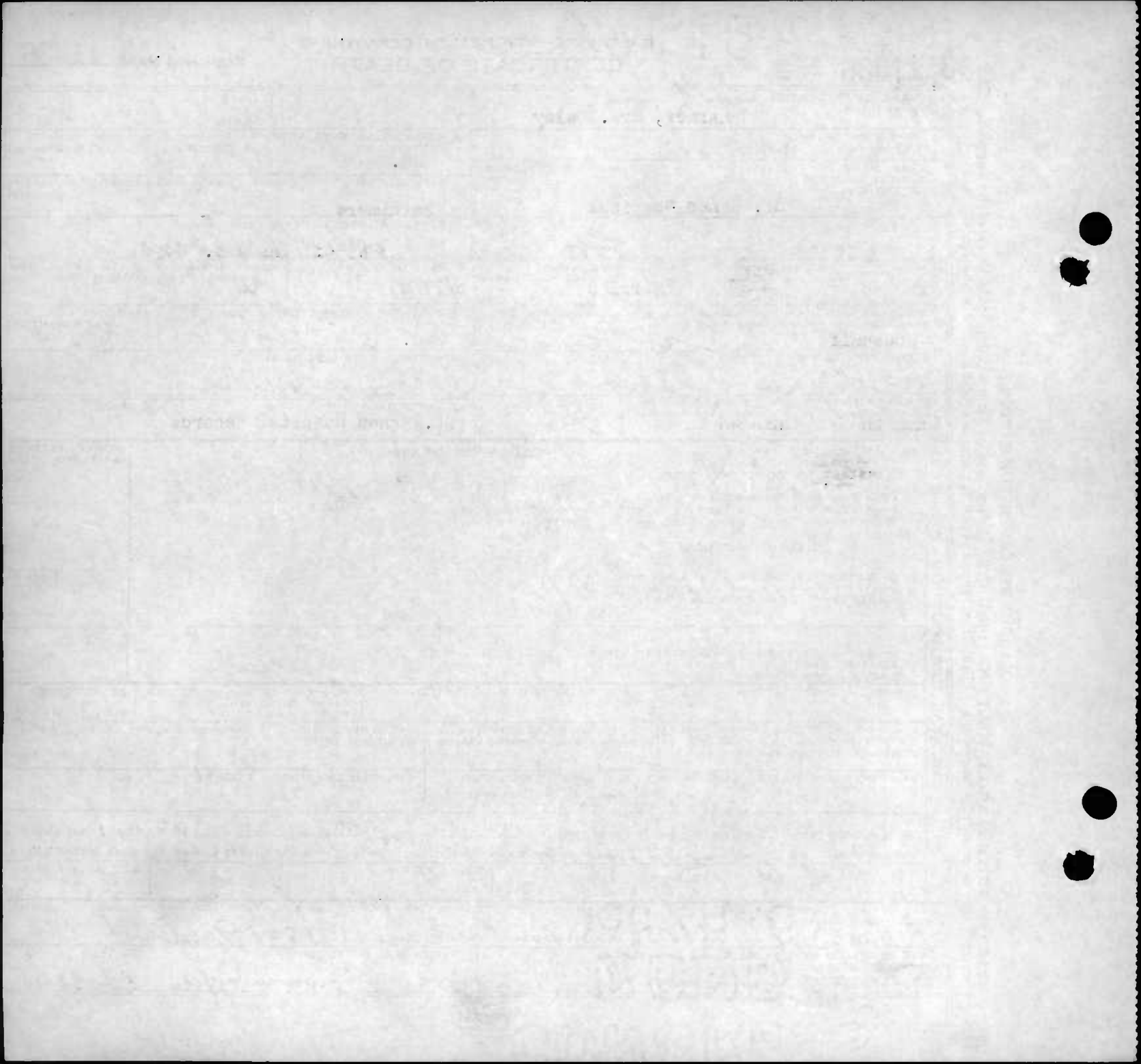
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 11336**K-656
53 11336

1. NAME OF DECEASED (Type or Print) Karner, Mrs. Daisy		2. DATE OF DEATH 12/23/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 25-41	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3845 Wilkens Ave	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/17/89
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at Home	
11. BIRTHPLACE (State or foreign country) Md. BALTIMORE		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Davis		14. MOTHER'S MAIDEN NAME Ramie Miles	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. ✓	
17. INFORMANT St. Agnes Hospital Records		ADDRESS	
18. 331X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-Vascular Hemorrhage		CAUSE OF DEATH (A) Cerebro-Vascular Hemorrhage DUE TO (B) Hypertension, Essential DUE TO (C) Diabetes Mellitus	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. HOW DID INJURY OCCUR?	
21G. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21H. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 22, 1953 to Dec 23, 1953 , that I last saw the deceased alive on Dec 23, 1953 , and that death occurred at 6:53 Am. , from the causes and on the date stated above.			
23A. SIGNATURE John D. Dumber		23B. ADDRESS St. Agnes Hosp	
23C. DATE SIGNED Dec 23 '53		23D. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/26/53	
24C. NAME OF CEMETERY OR CREMATORY Landon Park Cem.		24D. LOCATION (City, town, or county) (State) 3801 Frederick Ave	
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR John J. Cowan & Son		ADDRESS Stollins	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B - 524
53 11337

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 11337**

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JOHN BOWINKELMAN		2. DATE OF DEATH December 20, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balti. City.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 204 S. Paca Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 19, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Company		10B. KIND OF BUSINESS OR INDUSTRY Insur. Co.	9. AGE (In years last birthday) 75
13. FATHER'S NAME John Bowinkelman		11. BIRTH PLACE (State or foreign country) Baltimore Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 217-10-3083		14. MOTHER'S MAIDEN NAME Anna Clements	
17. INFORMANT Frank Bronckhorst		ADDRESS 1953 Christian St.	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH
(A) _____ DUE TO		
ANTECEDENT CAUSES (B) _____ DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Joseph A. Jackson Jr.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED Dec. 21, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 24, 1953	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	24D. LOCATION (City, town, or county) (State) E. G. North Ave. E. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wendell J. Phipps ADDRESS 3125 Highland Ave.		

V S 151 js

1911

DEPARTMENT OF COMMERCE
BUREAU OF COMMERCE
OFFICE OF THE SECRETARY

1911

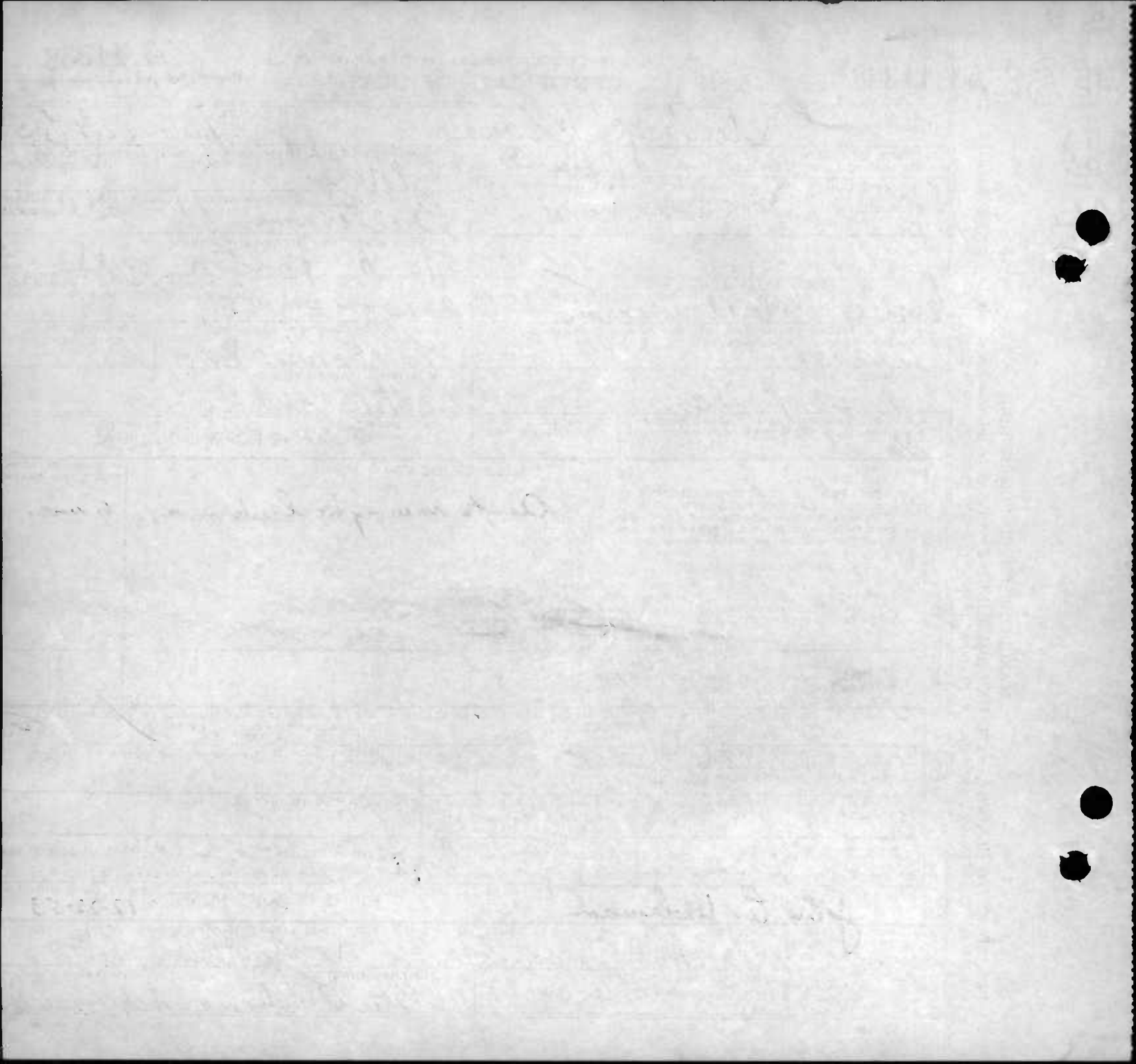
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-462
53 11338
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11338
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Audrey Clark</i>			2. DATE OF DEATH <i>Dec-22-1953</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Isler 3</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-01</i>		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <i>510 N. Fulton Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>2-13-26</i>	9. AGE (In years last birthday) <i>27</i>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Kenbridge Va.</i>
13. FATHER'S NAME <i>Robert Lee</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			14. MOTHER'S MAIDEN NAME <i>Martha Ann Carter</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>204.2</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute myelocytic leukemia</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>6 mos.</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <i>0</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-7</i> , 19 <i>53</i> , to <i>12-22</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-22</i> , 19 <i>53</i> , and that death occurred at <i>10</i> p. m., from the causes and on the date stated above.					
23a. SIGNATURE <i>John R. Wiedemann</i> M. D.			23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23c. DATE SIGNED <i>12-22-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>12/24/1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Blackstone Va.</i>	24d. LOCATION (City, town, or county) (State) <i>Blackstone Va.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 23 1953</i>	REGISTRAR'S SIGNATURE <i>Thurston W. Williams</i>	25. FUNERAL DIRECTOR <i>Mr. Kate R. Williams</i>		ADDRESS <i>322 N. Schroeder St.</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-520 53 11339 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11339	
1. NAME OF DECEASED (Type or Print) JOHN H. JONES			2. DATE OF DEATH December 21, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1603 N. Pulaski St.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married (Sep)	8. DATE OF BIRTH Sept. 22, 1900	9. AGE (in years last birthday) 53	10. Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Bakery		11. BIRTHPLACE (State or foreign country) Howard Co. Md.	
13. FATHER'S NAME Joseph Jones			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, enter number) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Bernice Hundley			ADDRESS 1603 N. Pulaski St.		
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Hypertensive cardiovascular disease DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. Jackson		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED Dec. 21, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/24/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) Balto		24E. LOCATION (State) Md		25. FUNERAL DIRECTOR Mrs. Katie R. Williams	
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 322 N. Schenck St.	
VS 151		js		97044	

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RECEIVED BY THE
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LAND OFFICE



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-210
53 11340

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 11340**

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Virginia Bishop		2. DATE OF DEATH 12-22-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore #116-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital of Balt. Inc.		D. STREET ADDRESS (If rural, give location) 718 Fremont Ave.		E. Yrs. Mos. Days 42	
C. Length of stay in Baltimore		5. SEX F		6. COLOR OR RACE C	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Oct. 9, 1934		9. AGE (In years last birthday) 19 If Under 1 Year: Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Leonard Bishop		14. MOTHER'S MAIDEN NAME Lucy Evans	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Lucy Massey 718 N. Fremont	
18. 330X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subarachnoid hemorrhage 2 hr DUE TO Rupture of Berry Aneurysm ANTECEDENT CAUSES (B) Congenital Aneurysm of Circle of Willis DUE TO (C) Circle of Willis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 12-22-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 12-22-53 at 4:15 am , 19 53 , that I last saw the deceased alive on 12-22-53 , and that death occurred at 6:30 am , from the causes and on the date stated above.		23A. SIGNATURE E. Chelminsky M.D.	
23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 12-22-53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 12/24/1953		24C. NAME OF CEMETERY OR CREMATORY Wm. A. Brown Cem. Balt.		24D. LOCATION (City, town, or county) (State) Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Mrs. Kate R. Williams	
VS 150		ADDRESS 322 N. Schroeder St.		7208A	

NOT A MEDICAL EXAMINER'S CASE

William H. Smith M.D.

CHIEF OR ASST. MEDICAL EXAMINER

L-525
53 11341BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11341
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) JOSEPH FRANCIS LENZEN			2. DATE OF DEATH 12/22/53				
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore							
B. FULL NAME OF HOSPITAL OR INSTITUTION 441 Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burton 4 5255							
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Burton-Danell Road							
5. SEX M	6. COLOR OR RACE N	7. SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Aug 1, 1888		9. AGE (In years, last birthday) 65		10 Under 1 Year Months: Days	11 Under 24 hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician			10B. KIND OF BUSINESS OR INDUSTRY Cold Storage			11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John H. Lenzen			14. MOTHER'S MAIDEN NAME Mary F. Wind							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT Mr. Robert F. Lenzen-416 S. Eutaw St.				
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Thrombosis DUE TO (B) Arterio Sclerotic Cardiac Muscular Disease DUE TO (C) ...			CAUSE OF DEATH Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Previous conditions of heart disease Previous to admission, self-administered										
19A. DATE OF OPERATION 7			19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Dec 19, 1953 , to Dec 22, 1953 , that I last saw the deceased alive on Dec 22, 1953 , and that death occurred at 2:00 p. m., from the causes and on the date stated above.										
23A. SIGNATURE F. M. Clarke			M. D.			23B. ADDRESS Union Memorial Hospital			23C. DATE SIGNED 12/22/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/24/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.				
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			25. FUNERAL DIRECTOR Wm. J. Pickens			ADDRESS Sans		
VS 150 29053 Balto 17										

50 1134

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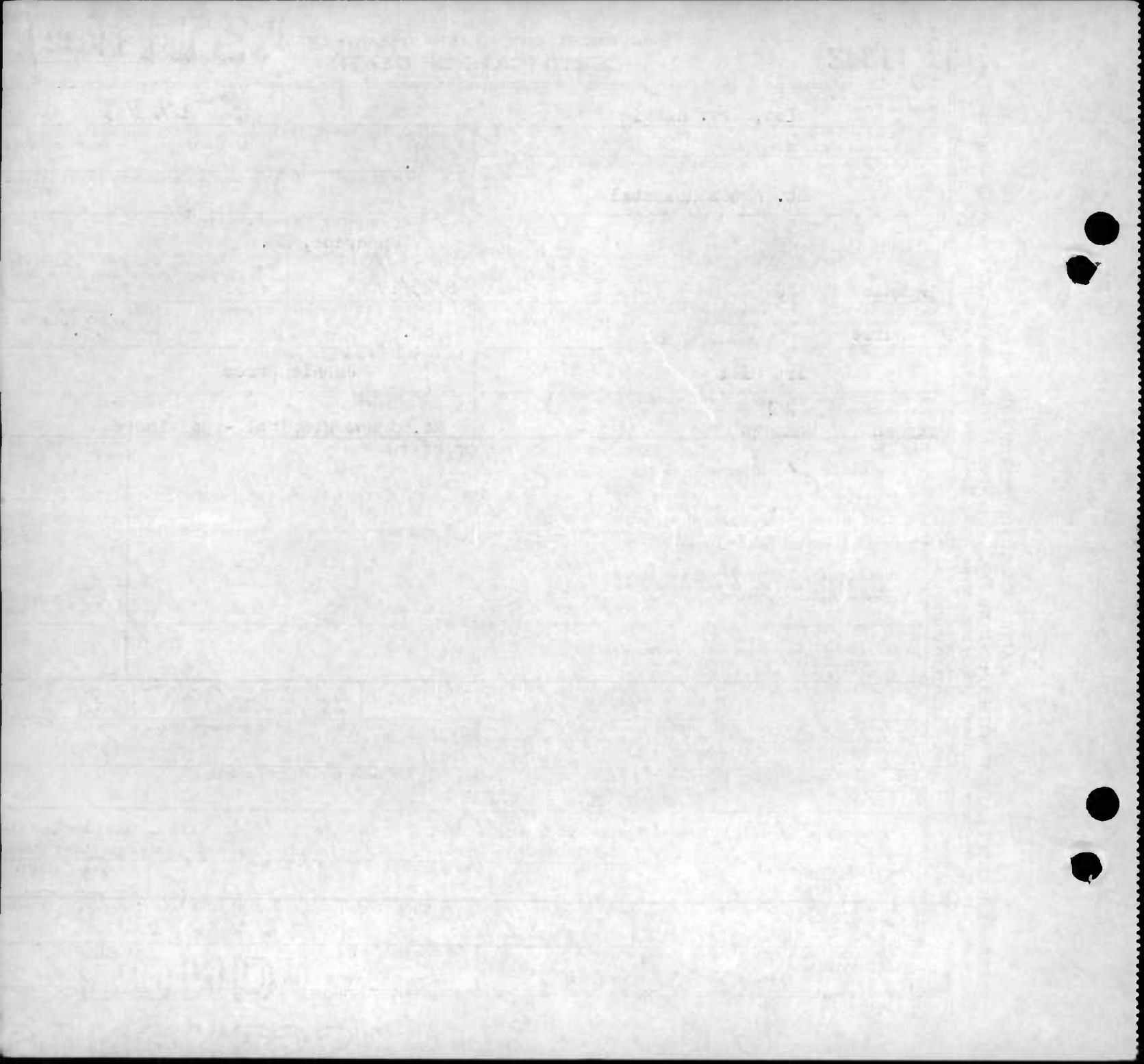
RECEIVED - 1944

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-000 53 11342		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X Registered No. 53 11342	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Lee, Mrs. Hattie		2. DATE OF DEATH 12/23/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hospital		D. STREET ADDRESS (If rural, give location) Uppercoe, Md.			
c. Length of stay in Baltimore Yrs. Mos. Days		5. SEX Female		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 8/23/1900		9. AGE (In years last birthday) 53	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse for 30 years		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF U.S.		13. FATHER'S NAME Ira Gill		14. MOTHER'S MAIDEN NAME Jennie Price	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS St. Agnes Hospital - Baltimore	
18. 584X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acquired Hemolytic Anemia - Acute DUE TO Cholelithiasis, Cholecystitis postoperative ANTECEDENT CAUSES DUE TO Atelectasis Pulmonary Right II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 day 4 weeks	
19A. DATE OF OPERATION 11-24-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Cholecystitis		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-21 , 19 53 , to 12-23 , 19 53 , that I last saw the deceased alive on 12-23 , 19 53 , and that death occurred at 5 A m., from the causes and on the date stated above.					
23A. SIGNATURE Robert B. Madden		23B. ADDRESS 2 East Read Street		23C. DATE SIGNED 12-23-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 27/53		24C. NAME OF CEMETERY OR CREMATORY St Paul	
24D. LOCATION (City, town, or county) (State) Baltimore Co		25. FUNERAL DIRECTOR J. F. Elmer - Sons		ADDRESS Rucktown, Md.	

0583M



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

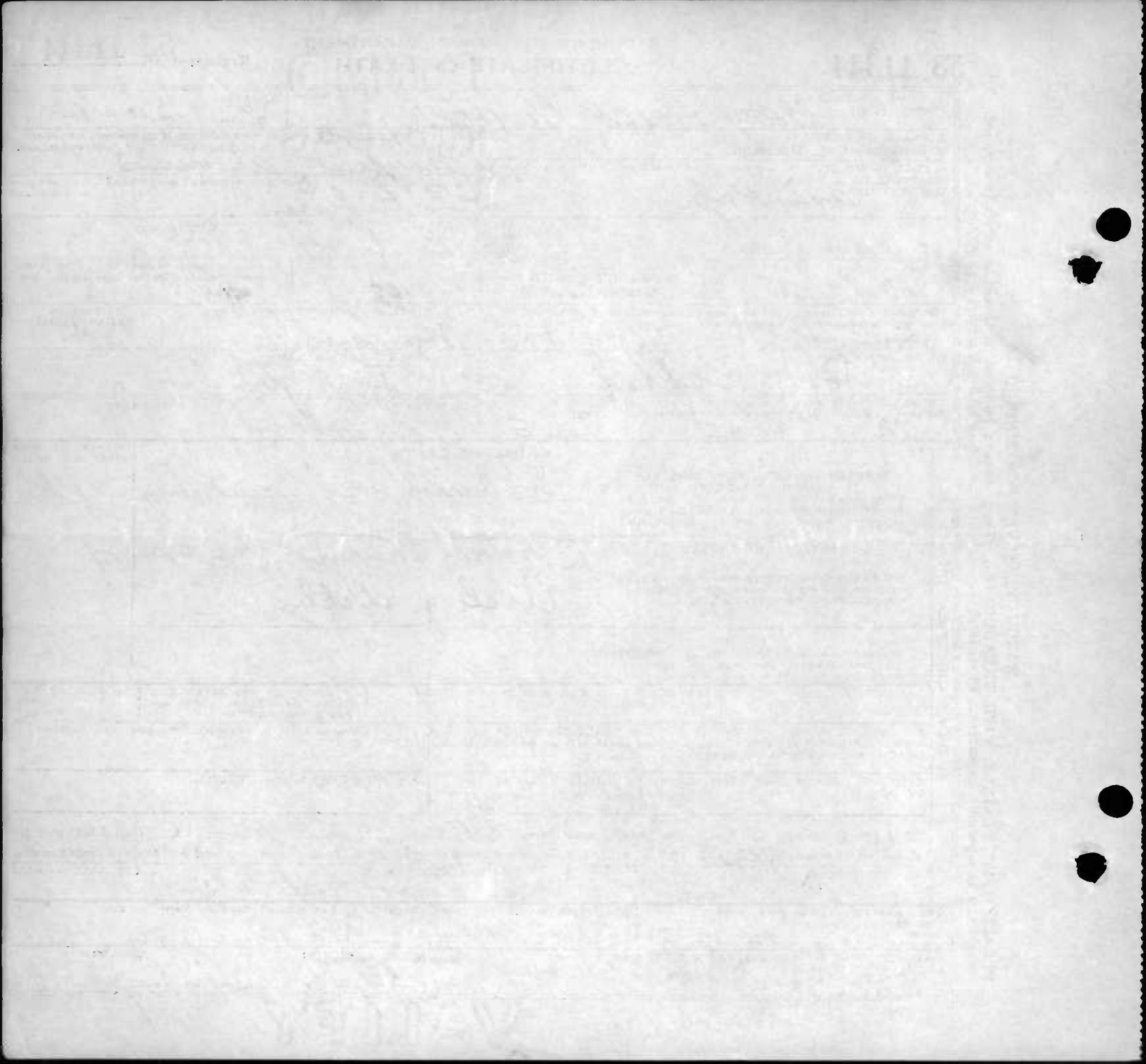
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 11343	
BIRTH NO. 11343					
1. NAME OF DECEASED (Type or Print) VINCENT DUTKEVICH (Duke)				2. DATE OF DEATH 12/23/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 38 Univ. Hosp.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03	
C. Length of stay in Baltimore 604? Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 24 Parkin St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower		B. DATE OF BIRTH 4/5/96	9. AGE (In years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10B. KIND OF BUSINESS OR INDUSTRY Tailoring		11. BIRTHPLACE (State or foreign country) Lithuania	
13. FATHER'S NAME Vincent Dutkevich				12. CITIZEN OF WHAT COUNTRY? LITHUANIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unknown				14. MOTHER'S MAIDEN NAME ? Unknown	
16. SOCIAL SECURITY NO. ?				17. INFORMANT Son ADDRESS 24 Parkin St	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) I 154X				CAUSE OF DEATH (A) Debility & delay treatment & anemia DUE TO (B) Probable Generalized Carcinoma DUE TO Miles Resection 7 yrs ago	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (at Franklin Square Hospital for Carcinoma of Rectum)				INTERVAL BETWEEN ONSET AND DEATH NO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/21/53 , 19__, to 12/23/53 , 19__, that I last saw the deceased alive on 12/23/53 , 19__, and that death occurred at 5:40 A m., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]				23B. ADDRESS Univ. Hosp.	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				24B. DATE 12-26-53	
24C. NAME OF CEMETERY OR CREMATORY ST. STANSILAUS				24D. LOCATION (City, town, or county) (State) BALTO., MD.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1953				25. FUNERAL DIRECTOR George L. Schwab ADDRESS 2101 Frederick Ave	
REGISTRAR'S SIGNATURE Huntington Williams					

See query reply in Document file.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 11344	
1. NAME OF DECEASED (Type or Print) MARY HELEN MUMFORD		2. DATE OF DEATH 12/22/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Wicomico			
B. FULL NAME OF HOSPITAL OR INSTITUTION Univ. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salisbury			
C. Length of stay in Baltimore 12 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Route #3			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1/7/08	9. AGE (In years last birthday) 45	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Raphael		14. MOTHER'S MAIDEN NAME Ida Williamson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Husband ADDRESS	
1B. 330X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Subarachnoid Hemorrhage		14 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Probable Cerebral Aneurysm		7	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) Circle of Willis		Brain only	
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 12/11/53 , 19 53 , to 12/22/53 , 19 53 , that I last saw the deceased alive on 12/22/53 , 19 53 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE J. S. Brink		23B. ADDRESS Univ. Hosp. Balto. Md.		23C. DATE SIGNED 12/22/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-26-53		24C. NAME OF CEMETERY OR CREMATORY WICOMICO MEMORIAL	
24D. LOCATION (City, town, or county) Wicomico County Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE William W. Williams, M.D.	
24G. FUNERAL DIRECTOR Holloway & Co.		24H. ADDRESS Salisbury Md.			



53 11345

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11345
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Theresa M. Sheehan

2. DATE
OF
DEATH

Dec 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5318 Wendley Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5318 Wendley Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 29, 1888

9. AGE (In years;
last birthday)

65

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Elsesser

14. MOTHER'S MAIDEN NAME

Susan J. Launder

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles E. Sheehan 806 Cookstown

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion, Acute

Sudden

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

3 Yrs.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Hypertension, Moderate

About
5 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 1951 to Dec. 23, 1953 that I last saw the deceased alive on Oct. 28, 1953, and that death occurred at 109 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1 Mallow Hill Ave

12/23/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

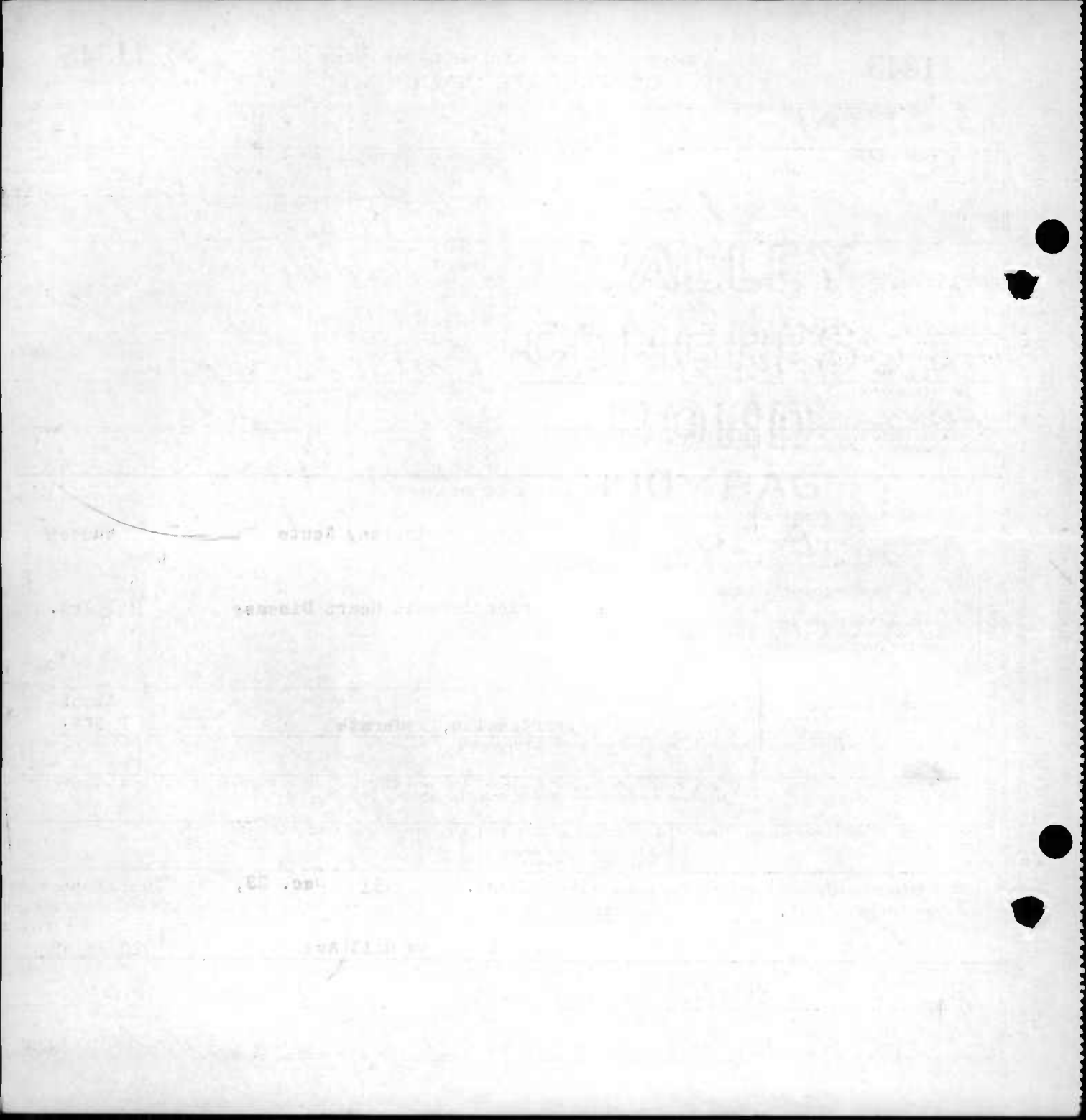
ADDRESS

DEC 24 1953

Huntington Williams

John F. Teufel

5311 Edmondson Ave.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

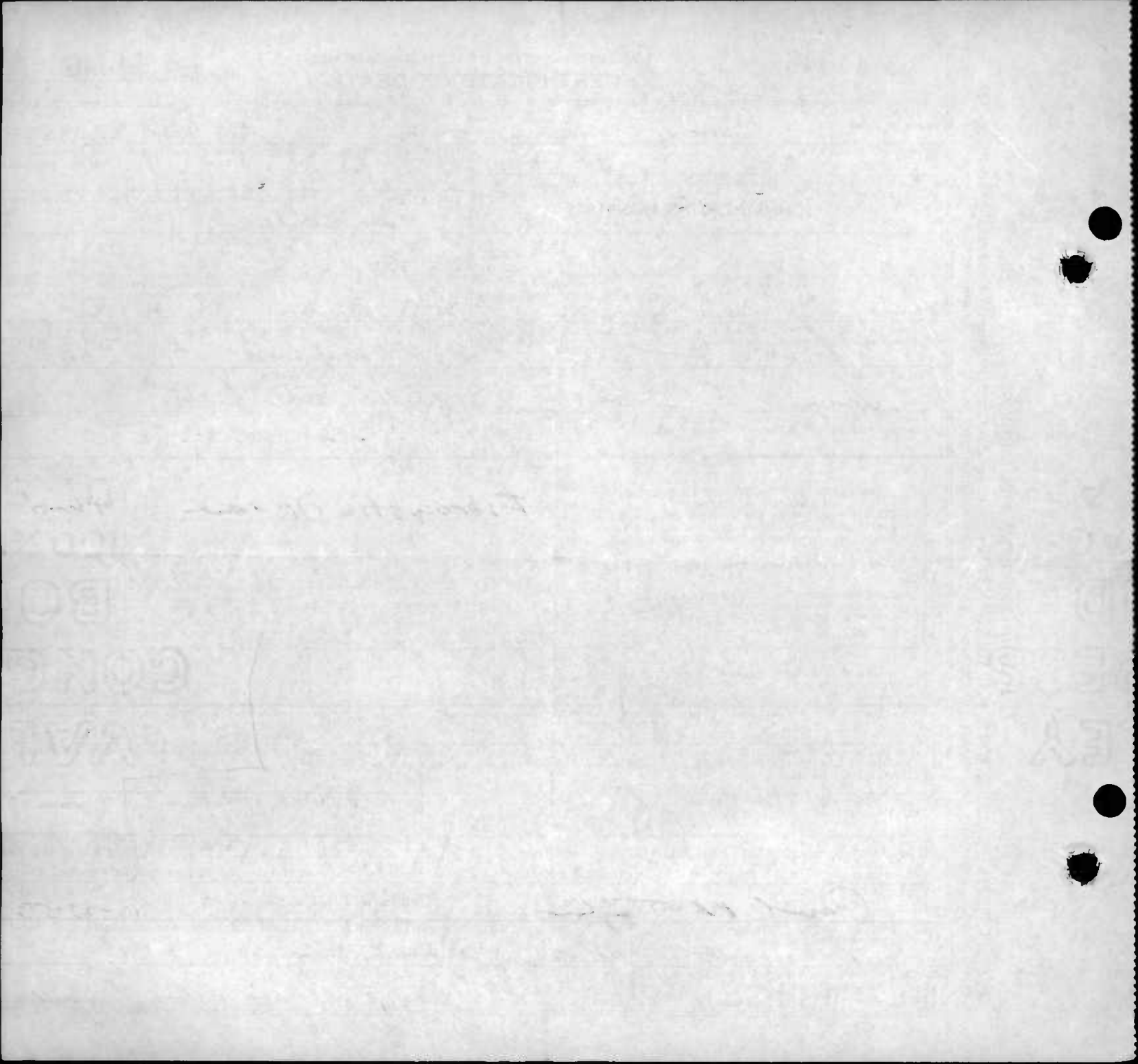
53 11346
BIRTH NO. *107 Res A.H.G.*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11346

1. NAME OF DECEASED (Type or Print) <i>Leroy Franklin Lowe</i>		2. DATE OF DEATH <i>Dec. 23, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>St. Ag. 4W</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Edgewater</i>	
C. Length of stay in Baltimore Yrs. <i>33</i> Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Box 302</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>8-11-1953</i>
9. AGE (In years last birthday) <i>4</i>		10. Under 1 Year Months: Days: <i>4 12</i>	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Lawrence E. Lowe</i>		14. MOTHER'S MAIDEN NAME <i>Betty Jane Best</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>759.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Fibrocystic Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 mos.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>12/23/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/21, 1953</i> to <i>12/23, 1953</i> , that I last saw the deceased alive on <i>12/23, 1953</i> , and that death occurred at <i>2:00 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Paul M. Taylor</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>12-23-53</i>		23D. M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-24-53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Hillcrest Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Annapolis, md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 24 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Ben L. Hopping & Son</i>		ADDRESS <i>Annapolis, md.</i>	

VS 150



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M-600
53 11347

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11347
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Anna May Moore		2. DATE OF DEATH 12/22/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2468 Greenmount Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2468 Greenmount Ave.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10/4/198	9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Joseph Zinkand		14. MOTHER'S MAIDEN NAME Henrietta Graef			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —		17. INFORMANT ADDRESS John F. Moore 2468 Greenmount Ave.	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Breast DUE TO General metastases DUE TO — DUE TO —		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs. 6 mos.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION June 1952		19B. MAJOR FINDINGS OF OPERATION Cc of Breast - Advanced		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-21 , 19 53 to 12-22 , 19 53 that I last saw the deceased alive on 12-21 , 19 53 and that death occurred at 5:00 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Local Doctor		23B. ADDRESS 300 E. North Ave.		23C. DATE SIGNED 12-23-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/26/53		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) (State) Ritchie Hgwy, Balto., Md.		25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC. 715 Light St.			

HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Dr. Coral Gordon

300 E North Ave

H07-8684

7-9 -

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11348
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REGINA MARCELLINE SMITH

2. DATE
OF
DEATH

DEC 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Union Mem. Hosp.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

The Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

27-44

D. STREET ADDRESS (If rural, give location)

3105 Glenmore Ave.

c. Length of stay in Baltimore

76

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bakery

10B. KIND OF BUSINESS OR INDUSTRY

Sales Lady

13. FATHER'S NAME

FRANK

WILLIAM BISHOP

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2B-28-1575

17. INFORMANT

ADDRESS

Dorothy Ramming - 3105 Glenmore Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Arteriosclerotic
Heart Disease

Dec 14 -

Dec 22

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Vascular Accident

(C) Hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 17, 1953 to DEC. 22, 1953, that I last saw the deceased alive on DEC. 22, 1953, and that death occurred at 8:07 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Paul M. Alessi

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

12/22/53

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/26/53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. E. Kingston

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck 5305 Hayford

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11349

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11349
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Lewis J. Lebow		Dec 23/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 755 Lake Drive		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore 13-01			
c. Length of stay in Baltimore 55 yrs.		D. STREET ADDRESS (If rural, give location) 755 Lake Drive - Apt 23-2			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 21, 1892	9. AGE (in years last birthday) 61	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing		10B. KIND OF BUSINESS OR INDUSTRY Mfg.		11. BIRTHPLACE (State or foreign country) Russia	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Abraham Lebow		14. MOTHER'S MAIDEN NAME Fannie H. Dandson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 218-26-7675		17. INFORMANT ADDRESS Hans Hanes Monckm - 3502 Copley Rd	
18. 420.1		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary thrombosis			1 day
DUE TO		(B) Hypertension			6 months
DUE TO		(C)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/15, 1953, to 12/23, 1953, that I last saw the deceased alive on 12/23, 1953, and that death occurred at 5:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE J. J. [Signature]		23B. ADDRESS 2320 Euston Rd		23C. DATE SIGNED 12/24/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/24/53		24C. NAME OF CEMETERY OR CREMATORY Anshe Emunah Cong	
24D. LOCATION (City, town, or county) (State) Baltimore, Md		24E. NAME OF CEMETERY OR CREMATORY Anshe Emunah Cong		24F. LOCATION (City, town, or county) (State) Baltimore, Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 24 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Sal. Robinson & Bros - 1124-26 W. North Ave	

VS 150

29046

11/18

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

IN RE: [illegible]

Case No. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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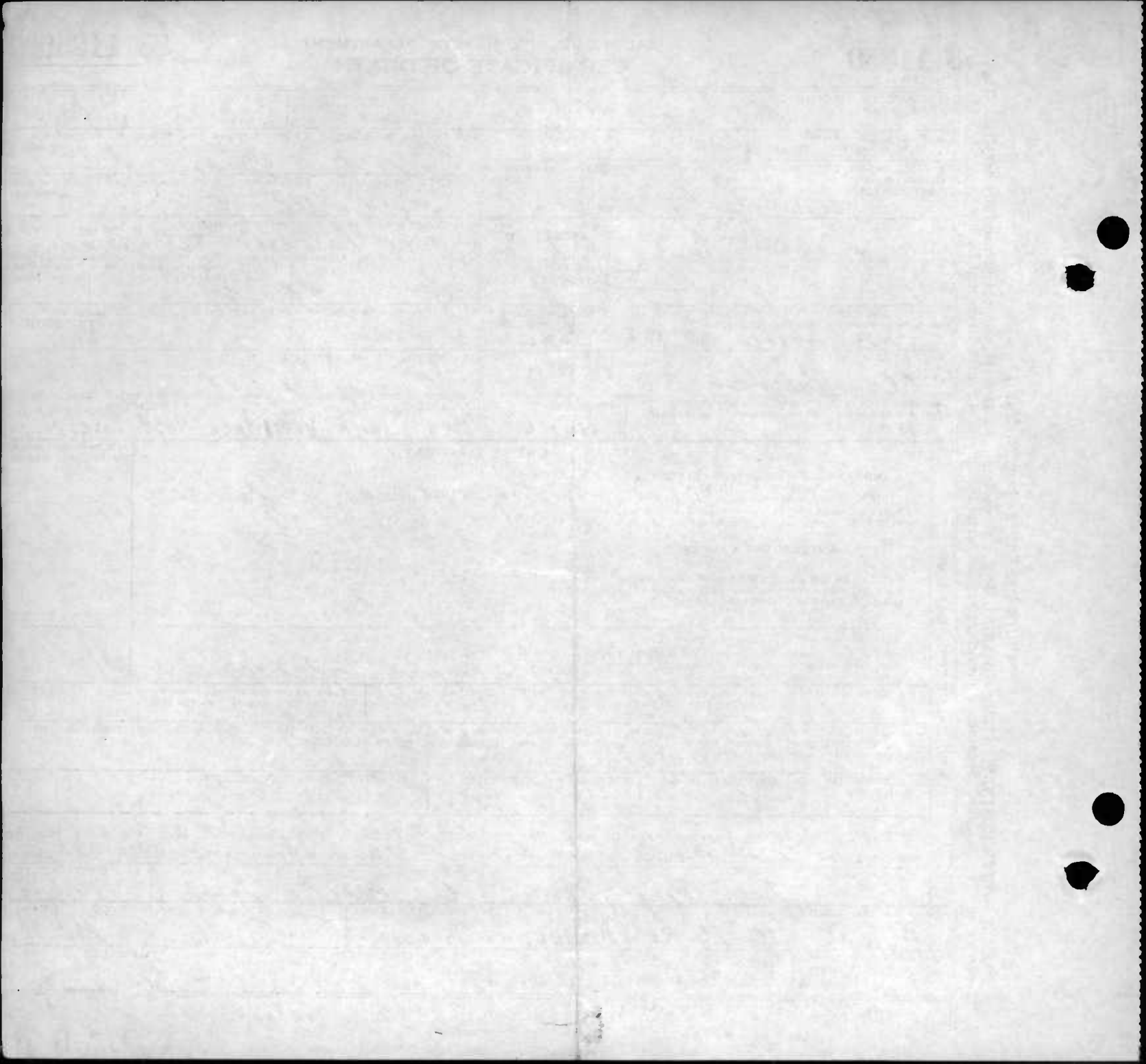
[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

J-525 53 11350		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11350	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Elizabeth Julia Johnson</i>			2. DATE OF DEATH <i>12/23/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>38 University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Parkville 5200</i>		
D. STREET ADDRESS (If rural, give location) <i>9008 Rosehill Ter. (Breadland)</i>			E. LENGTH OF STAY IN BALTIMORE <i>Co. 59</i> Yrs. Mos. Days		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE MARRIED. <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify)		8. DATE OF BIRTH <i>Sept 30, 1894</i>	9. AGE (In years last birthday) <i>59</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Eli Burton</i>			14. MOTHER'S MAIDEN NAME <i>Nancy Tapp</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT ADDRESS <i>Mrs Frank Weidner-9004 Rosehill Ter</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i>			CAUSE OF DEATH <i>Myocardial Infarction</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypertensive Arteriosclerotic CVD</i>					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/23, 1953</i> to <i>12/23, 1953</i> that I last saw the deceased alive on <i>12/23, 1953</i> and that death occurred at <i>2:26</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>L.W. Culpin, Jr.</i>		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>12/23/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>12-26-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Memorial</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Chas F. Evans & Son</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 24 1953</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>			
VS 150 <i>880.2 HARFORD RD</i>					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

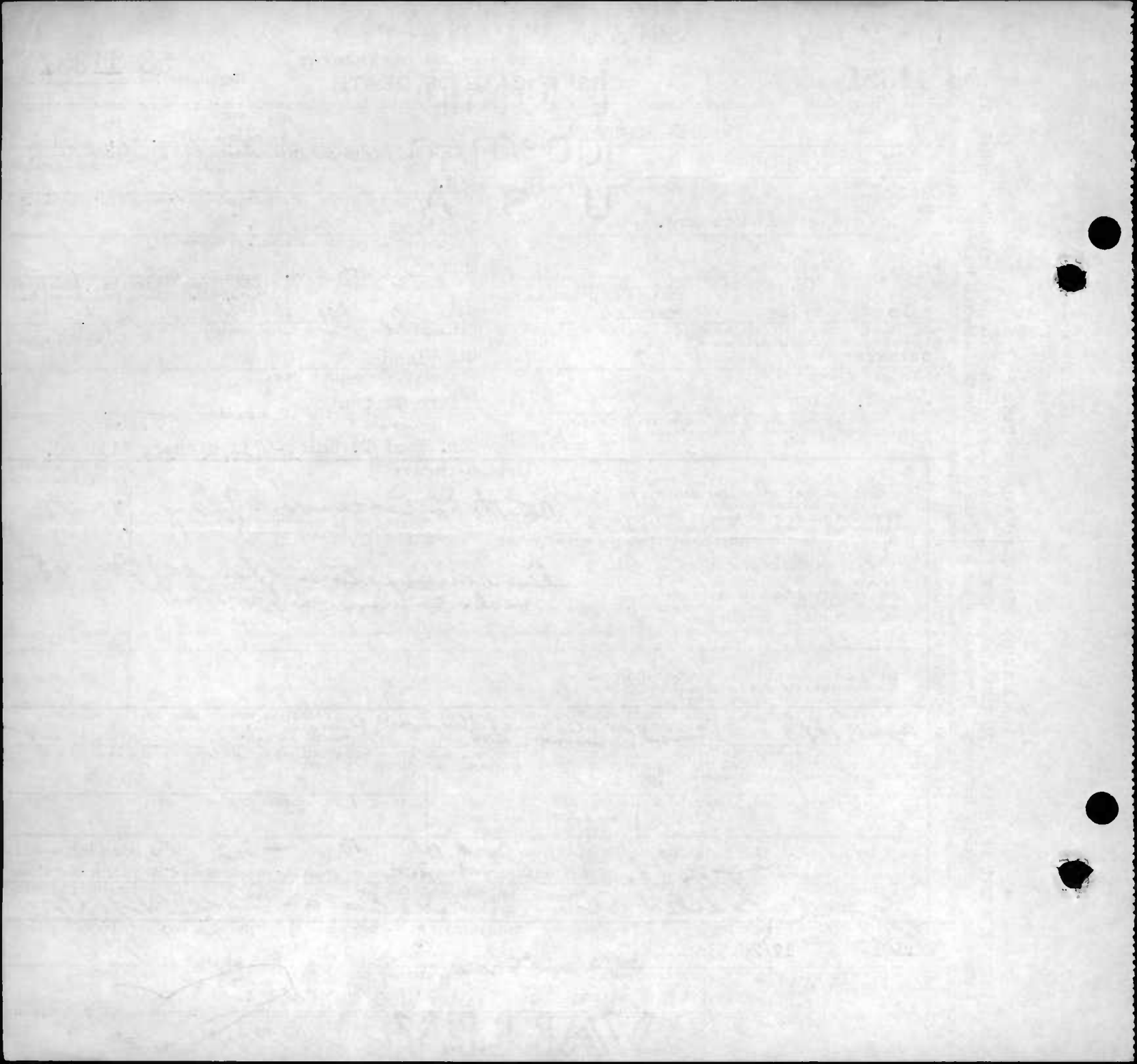
53 11351

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11351

1. NAME OF DECEASED (Type or Print) WALTER SCOTT UHLER			2. DATE OF DEATH Dec. 23, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 844 Whitmore Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 844 Whitmore Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH JUNE 30, 1905		9. AGE (In years, last birthday) 48
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John C. Uhler			14. MOTHER'S MAIDEN NAME Clara Tarton		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Paul I. Uhler-6731 Windsor Mill Rd.		
18. 198.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) neoplastic carcinoma of lung DUE TO neoplastic carcinoma of glands of neck + salivary gland region DUE TO neoplastic carcinoma of glands of neck + salivary gland region DUE TO			INTERVAL BETWEEN ONSET AND DEATH 9 months		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION April 1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED neoplastic carcinoma of glands of neck + salivary gland region		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 14, 1953 , to Dec. 22, 1953 , that I last saw the deceased alive on Dec. 22, 1953 , and that death occurred at 2:30 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE Joseph H. Zuercher M.D.		23B. ADDRESS 2318 Eutanaw Place		23C. DATE SIGNED 12/23/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/26/53		24C. NAME OF CEMETERY OR CREMATORY Meadowridge Cems.	
24D. LOCATION (City, town, or county) Elkridge Md.		24E. NAME OF FUNERAL DIRECTOR Wm. J. Vickner & Sons			
DATE RECEIVED BY LOCAL REGISTRAR DEC 24 1953		REGISTRAR'S SIGNATURE Wm. J. Vickner		ADDRESS Balto 17 Md.	
VS 150 49099					



B-456
53 11352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 11352

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE

BEALMEAR

2. DATE
OF
DEATH

Dec. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

651 Washington Boulevard

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Sept. 2, 1863

9. AGE (In years
last birthday)

90

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Bealmear

14. MOTHER'S MAIDEN NAME

Julia Hoover

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

no

17. INFORMANT

Arlington, Fla.
Mrs. Mildred L. Creekman-P.O. Box 876

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jackson, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Dec. 22, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/28/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mm. J. Pickner & Sons
Balto 17 mdr

sch 11 8

RECEIVED BY THE OFFICE OF THE
DIRECTOR OF THE BUREAU OF
THE ARMY AND NAVAL FORCES

1941

[Faint, mostly illegible text covering the main body of the document, possibly a report or letter. The text is too faded to transcribe accurately.]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11353
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Virginia

2. DATE
OF
DEATH

12/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

46 Lutheran Hospital of Maryland

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 16

D. STREET ADDRESS (If rural, give location)

1503 Ellamont St.

C. Length of stay in Baltimore

40+

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug 25, 1897

9. AGE (in years last birthday)

56

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William H. Morgan

14. MOTHER'S MAIDEN NAME

Pracilla Jenkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Luther W. Frazier-1503 N. Ellamont St.

18. 434.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

Pneumonia + Pulmonary edema

(B)

Congestive Heart Failure

DUE TO

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

5 days

7 days

2 weeks

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Nephrosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12/19, 1953, to 12/22, 1953, that I last saw the deceased alive on 12/22, 1953, and that death occurred at 11:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. B. B. B.

23B. ADDRESS

Lutheran Hospital of Maryland

23C. DATE SIGNED

12/22/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/26/53

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

24D. LOCATION (City, town, or county)

Elkridge, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

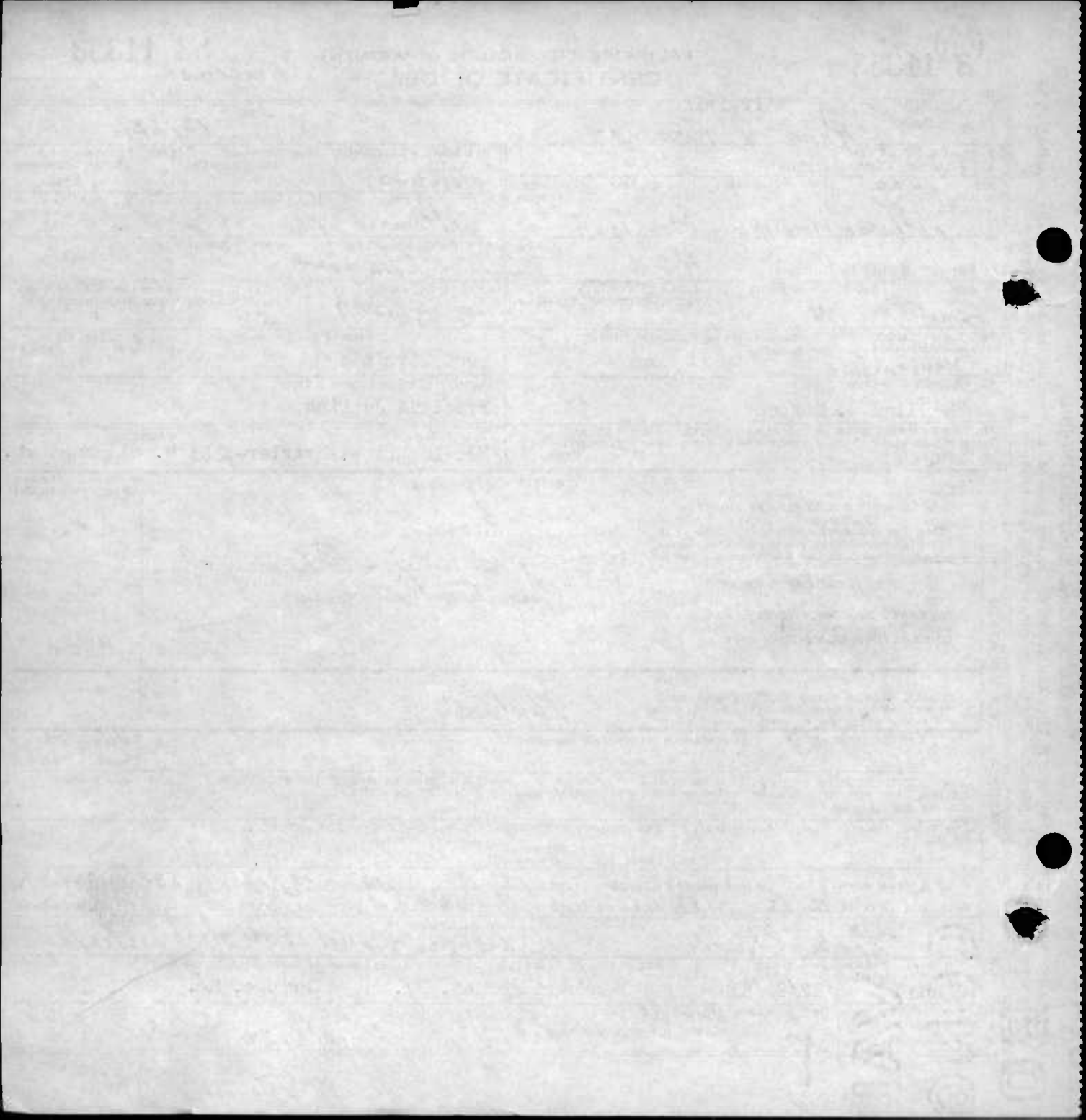
25. FUNERAL DIRECTOR

ADDRESS

Thos. J. Ticker & Sons

Barto. 17. Md.

DEC 24 1953
VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11354

K-412
53 11354
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Xenia Kalavski</u>			2. DATE OF DEATH <u>Dec. 23-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>27-07</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>6601 Birchwood Ave</u> Yrs. <u>23 yrs.</u> Mos. <u>23 yrs.</u> Days <u>23 yrs.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>		
c. Length of stay in Baltimore <u>23 yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>6601 Birchwood Ave</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 10/1886</u>	9. AGE (In years last birthday) <u>67</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		
11. BIRTHPLACE (State or foreign country) <u>Poland</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Adam Harris Golod</u>			14. MOTHER'S MAIDEN NAME <u>Tessie (or) Tatiana ?</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT <u>Zack Kalavski</u>			ADDRESS <u>6601 Birchwood Ave</u>		

18. <u>151X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Carcinoma of Stomach</u> 5 years DUE TO (B) <u>Associated Chronic recurrent anemia</u> DUE TO <u>Malnutrition</u> (C)	INTERVAL BETWEEN ONSET AND DEATH
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II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Myocarditis

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec. 13, 1953</u> to <u>Dec. 23, 1953</u> , that I last saw the deceased alive on <u>Dec. 23, 1953</u> , and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>A. V. Harbold</u>		23B. ADDRESS <u>4706 Harbold Road -14</u>		23C. DATE SIGNED <u>Dec. 23, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>DEC 26 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>HOLY TRINITY CEMETERY</u>	
24D. LOCATION (City, town, or county) (State) <u>ELKRIDGE MD.</u>		25. FUNERAL DIRECTOR <u>Chappel Rtd. 1800 E LOMBARD ST</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 24 1953</u>		REGISTRAR'S SIGNATURE <u>Thurington Williams</u>			

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. EDUCATION		9. RELIGION		10. RACE	
11. CAUSE OF DEATH		12. MANNER OF DEATH		13. PLACE OF DEATH		14. TIME OF DEATH		15. SIGNATURE OF DECEASED	
16. SIGNATURE OF WITNESS		17. SIGNATURE OF PHYSICIAN		18. SIGNATURE OF CORONER		19. SIGNATURE OF JURY		20. SIGNATURE OF JUDGE	
21. SIGNATURE OF CLERK		22. SIGNATURE OF REGISTRAR		23. SIGNATURE OF SHERIFF		24. SIGNATURE OF SHERIFF'S DEPUTY		25. SIGNATURE OF SHERIFF'S CLERK	
26. SIGNATURE OF SHERIFF'S DEPUTY		27. SIGNATURE OF SHERIFF'S CLERK		28. SIGNATURE OF SHERIFF'S CLERK		29. SIGNATURE OF SHERIFF'S CLERK		30. SIGNATURE OF SHERIFF'S CLERK	
31. SIGNATURE OF SHERIFF'S CLERK		32. SIGNATURE OF SHERIFF'S CLERK		33. SIGNATURE OF SHERIFF'S CLERK		34. SIGNATURE OF SHERIFF'S CLERK		35. SIGNATURE OF SHERIFF'S CLERK	
36. SIGNATURE OF SHERIFF'S CLERK		37. SIGNATURE OF SHERIFF'S CLERK		38. SIGNATURE OF SHERIFF'S CLERK		39. SIGNATURE OF SHERIFF'S CLERK		40. SIGNATURE OF SHERIFF'S CLERK	
41. SIGNATURE OF SHERIFF'S CLERK		42. SIGNATURE OF SHERIFF'S CLERK		43. SIGNATURE OF SHERIFF'S CLERK		44. SIGNATURE OF SHERIFF'S CLERK		45. SIGNATURE OF SHERIFF'S CLERK	
46. SIGNATURE OF SHERIFF'S CLERK		47. SIGNATURE OF SHERIFF'S CLERK		48. SIGNATURE OF SHERIFF'S CLERK		49. SIGNATURE OF SHERIFF'S CLERK		50. SIGNATURE OF SHERIFF'S CLERK	
51. SIGNATURE OF SHERIFF'S CLERK		52. SIGNATURE OF SHERIFF'S CLERK		53. SIGNATURE OF SHERIFF'S CLERK		54. SIGNATURE OF SHERIFF'S CLERK		55. SIGNATURE OF SHERIFF'S CLERK	
56. SIGNATURE OF SHERIFF'S CLERK		57. SIGNATURE OF SHERIFF'S CLERK		58. SIGNATURE OF SHERIFF'S CLERK		59. SIGNATURE OF SHERIFF'S CLERK		60. SIGNATURE OF SHERIFF'S CLERK	
61. SIGNATURE OF SHERIFF'S CLERK		62. SIGNATURE OF SHERIFF'S CLERK		63. SIGNATURE OF SHERIFF'S CLERK		64. SIGNATURE OF SHERIFF'S CLERK		65. SIGNATURE OF SHERIFF'S CLERK	
66. SIGNATURE OF SHERIFF'S CLERK		67. SIGNATURE OF SHERIFF'S CLERK		68. SIGNATURE OF SHERIFF'S CLERK		69. SIGNATURE OF SHERIFF'S CLERK		70. SIGNATURE OF SHERIFF'S CLERK	
71. SIGNATURE OF SHERIFF'S CLERK		72. SIGNATURE OF SHERIFF'S CLERK		73. SIGNATURE OF SHERIFF'S CLERK		74. SIGNATURE OF SHERIFF'S CLERK		75. SIGNATURE OF SHERIFF'S CLERK	
76. SIGNATURE OF SHERIFF'S CLERK		77. SIGNATURE OF SHERIFF'S CLERK		78. SIGNATURE OF SHERIFF'S CLERK		79. SIGNATURE OF SHERIFF'S CLERK		80. SIGNATURE OF SHERIFF'S CLERK	
81. SIGNATURE OF SHERIFF'S CLERK		82. SIGNATURE OF SHERIFF'S CLERK		83. SIGNATURE OF SHERIFF'S CLERK		84. SIGNATURE OF SHERIFF'S CLERK		85. SIGNATURE OF SHERIFF'S CLERK	
86. SIGNATURE OF SHERIFF'S CLERK		87. SIGNATURE OF SHERIFF'S CLERK		88. SIGNATURE OF SHERIFF'S CLERK		89. SIGNATURE OF SHERIFF'S CLERK		90. SIGNATURE OF SHERIFF'S CLERK	
91. SIGNATURE OF SHERIFF'S CLERK		92. SIGNATURE OF SHERIFF'S CLERK		93. SIGNATURE OF SHERIFF'S CLERK		94. SIGNATURE OF SHERIFF'S CLERK		95. SIGNATURE OF SHERIFF'S CLERK	
96. SIGNATURE OF SHERIFF'S CLERK		97. SIGNATURE OF SHERIFF'S CLERK		98. SIGNATURE OF SHERIFF'S CLERK		99. SIGNATURE OF SHERIFF'S CLERK		100. SIGNATURE OF SHERIFF'S CLERK	

53 11355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11355

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN WESLEY WILSON

2. DATE
OF
DEATH

DEC. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Edgewood Nursing Home

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: Residence.

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

4019 Deepwood Rd. Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov 26 - 1863

9. AGE (In years;
last birthday)

90

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

wood worker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Wilson

14. MOTHER'S MAIDEN NAME

Caroline

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rene Wilson 4019 Deepwood Rd

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL THROMBOSIS

DUE TO

6 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CEREBRAL ARTERIOSCLEROSIS

DUE TO

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DECEMBER 17, 1953, to DEC. 23, 1953, that I last saw the
deceased alive on DEC. 22, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Arthur Karlgren

M. D.

23B. ADDRESS

1532 Havenwood Rd

23C. DATE SIGNED

12-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-28-63

24C. NAME OF CEMETERY OR CREMATORY

London Park on Foxden Rd Baltimore

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

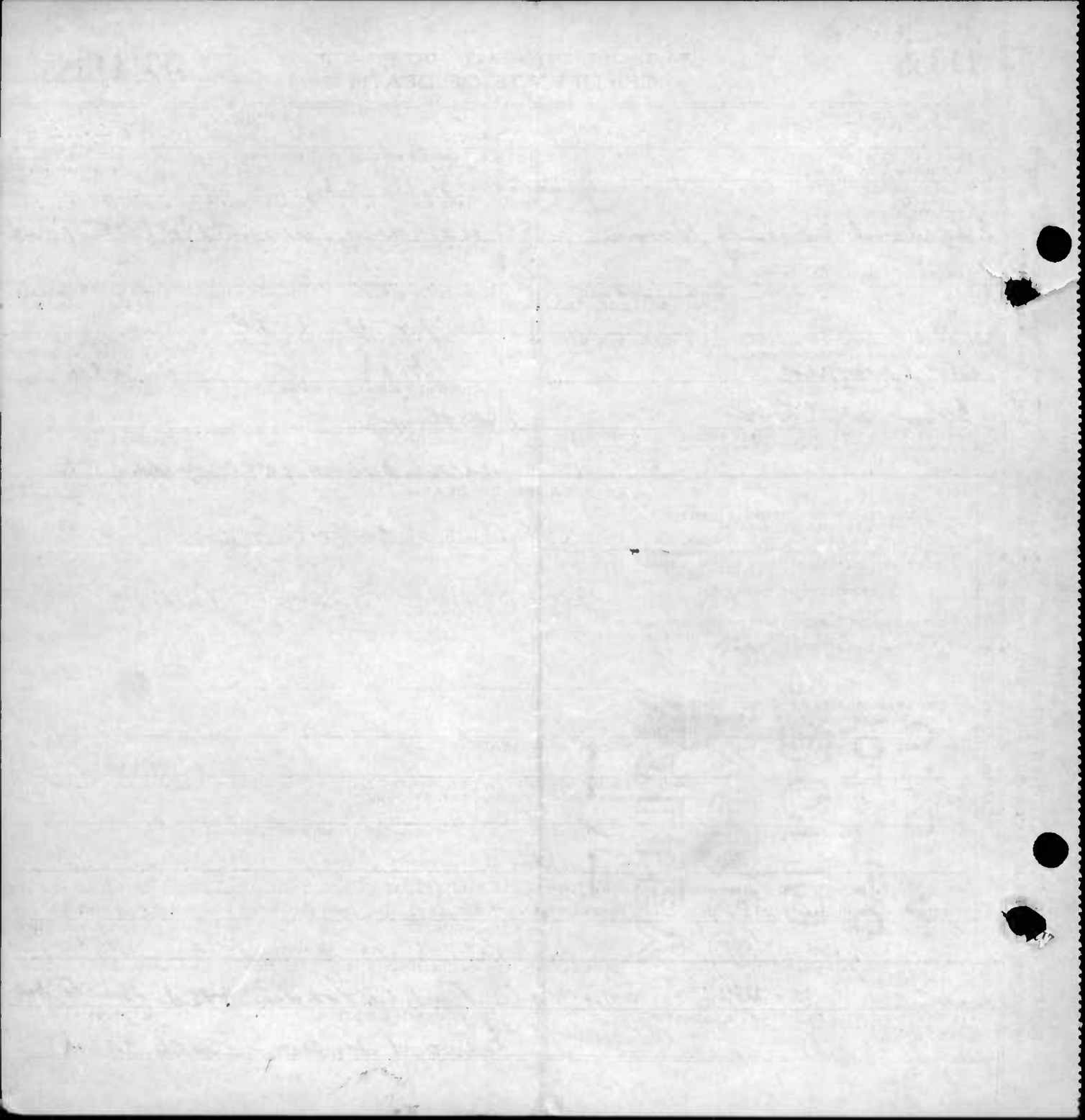
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Edward Jordan Baltimore



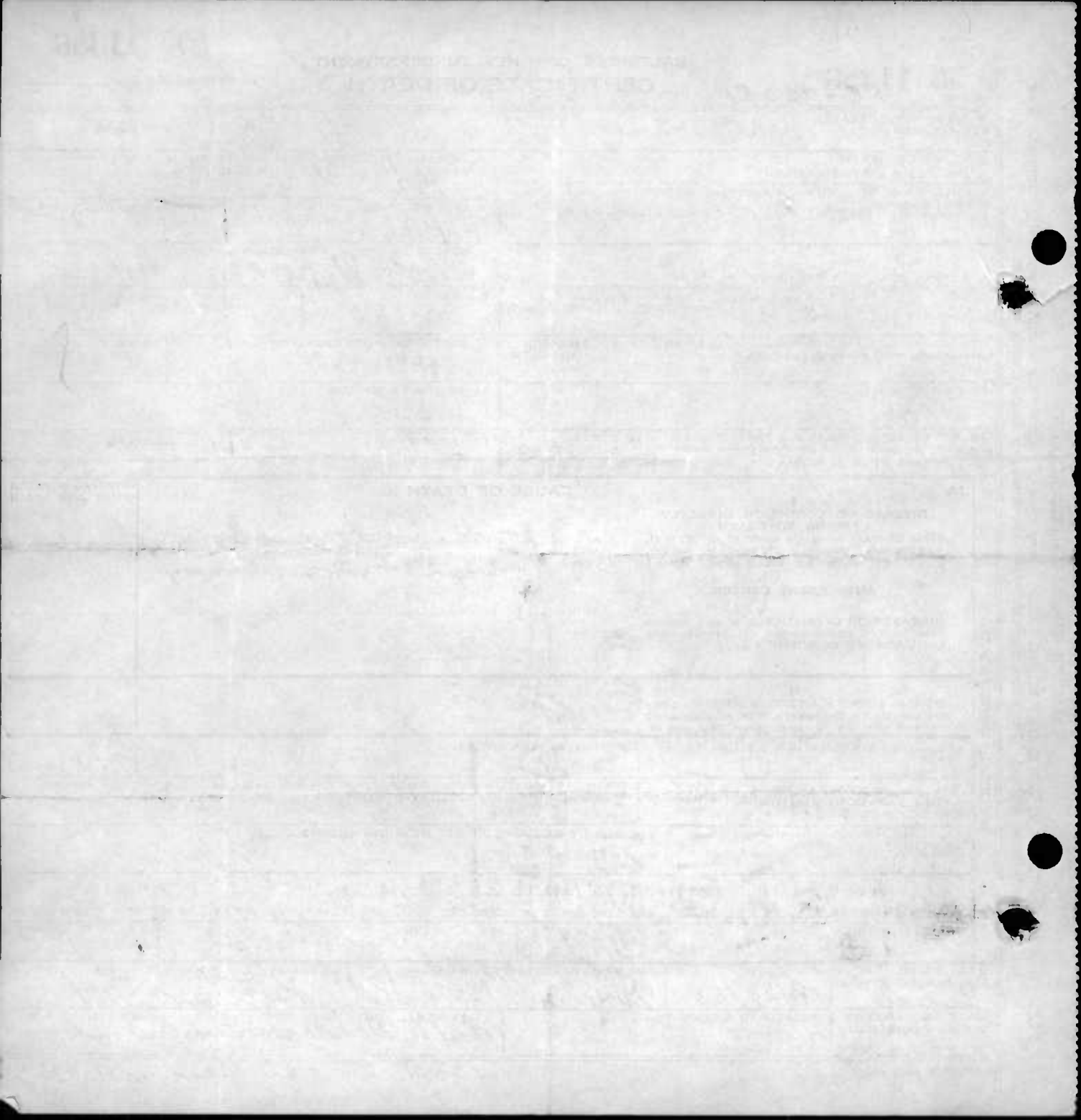
L-230
53 11356
BIRTH NO. 53-32051BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11356

Registered No.

1. NAME OF DECEASED (Type or Print) BABY GIRL LIGHT			2. DATE OF DEATH 12/23/53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BAL		
c. Length of stay in Baltimore LIFE			d. STREET ADDRESS (If rural, give location) 604 W. North Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 12/22/53		9. AGE (in years last birthday) 28 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME HILDA R. LIGHT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT 604 W. NORTH AVE. BALT. - 17 MOTHER		

18. 760.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) possible intracranial hemorrhage prolonged 2d stage of delivery			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 12/24/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/22/53 , to 12/23 , 19 53 , that I last saw the deceased alive on 12/23 , 19 53 , and that death occurred at 7:45 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Henry L. Knock, Jr.		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 12/23/53	
24A. BURIAL, CREMATION, REMOVAL (specify) Burial		24B. DATE 12/24/53		24C. NAME OF CEMETERY OR CREMATORY Moulton Memorial Park	
24D. LOCATION (City, town, or county) (State) Baltimore, Md		25. FUNERAL DIRECTOR Carl B. Woberton Funeral Home, Inc.		ADDRESS 403-E. 25th St. Baltimore-18, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 24 1953		REGISTRAR'S SIGNATURE Huntington Wallis			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11357

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN EDWARD GILLIN

2. DATE
OF
DEATH

12/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLAND

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

VA HOSPITAL, BALTO. 18, MD.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3019 CLIFTON AVENUE

c. Length of stay in Baltimore

35 YEARS

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

8/1/17

9. AGE (In years
last birthday)

36

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CRANE OPERATOR

10B. KIND OF BUSINESS OR
INDUSTRY

INDUSTRIAL

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN C. GILLIN

14. MOTHER'S MAIDEN NAME

HESTER HAGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

YES

10/3/42 - 9/19/45

16. SOCIAL
SECURITY NO.

217-03-1901

17. INFORMANT

VA HOSPITAL RECORDS

ADDRESS



18. 002X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

FIBROCASEOUS PULMONARY TUBERCULOSIS
BILATERAL, DURATION 3 YEARSINTERVAL BETWEEN
ONSET AND DEATH

3 YEARS

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20/53, 19, to 12/22/53, 19, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Burnett

23B. ADDRESS

M. D.

VA HOSPITAL, BALTO. 18, MD.

23C. DATE SIGNED

12/22/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-26-53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Williams

25. FUNERAL DIRECTOR

Medard T. Blight, 6009 Haywood Rd

ADDRESS

VS 150

513 99

1137

DEATH CERTIFICATE

1137

1137

1137

1137

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-620

53 11358

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11358
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIAN VIRGINIA MYERS

2. DATE OF DEATH DEC. 24, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE MD. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write R.R. and give township)
BALTO. 27-12

c. Length of stay in Baltimore

LIFE

D. STREET ADDRESS (If rural, give location)
6033 BELLONA AVE.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC. 8, 1886

9. AGE (in years last birthday)

67

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

WILLIAM RICHARDSON

14. MOTHER'S MAIDEN NAME

MARY V. FORD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ROBERT E. MYERS

ADDRESS

ABOVE

18.

174X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Bronchopneumonia

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized carcinomatosis

4 mo.

(C) DUE TO

Carcinoma of uterus

3 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953 to Dec 24, 1953 that I last saw the deceased alive on 12/23, 1953, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony J. Thomas

M. D.

23B. ADDRESS

4600 York Rd

23C. DATE SIGNED

12/24/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-26-1953

24C. NAME OF CEMETERY OR CREMATORY

DRUID RIDGE

24D. LOCATION (City, town, or county)

PIKESVILLE

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 24 1953

REGISTRAR'S SIGNATURE

H. W. Jenkins & Sons Co.

25. FUNERAL DIRECTOR

H. W. JENKINS & SONS CO. 4905 YORK RD.

ADDRESS

DR. ANTHONY THOMAS

4600 YORK RD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

53 11359

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ort, Emma

2. DATE
OF
DEATH

December 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4013 Overlea Avenue #6

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Female

White

Married

Feb. 15, 1881

72

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

H.W.

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

I. J. Beachy

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frank G. Ort

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic carcinoma of lungs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 20, 1953 to December 24, 1953, that I last saw the deceased alive on Dec. 24, 1953, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

Dec. 24, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 24 1953

12/26

Lass et T-una

740131

POLY TAKEN BY _____
 NAME _____
 ADDRESS _____
 DATE _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 11360**

11360
BIRTH NO.

1. NAME OF DECEASED (Type or Print) George T Cannaday.		2. DATE OF DEATH 12/23/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3616 1/2 Maryland Ave		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore 12-07	
C. Length of stay in Baltimore 20 days.		D. STREET ADDRESS (If rural, give location) 3616 1/2 Maryland Ave.	
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid	8. DATE OF BIRTH 1/6/1868
9. AGE (In years last birthday) 85		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY Self	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME E. J Cannaday		14. MOTHER'S MAIDEN NAME Mary Kessler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Records		ADDRESS Wm Cook Inc., Baltimore Md	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral accident		INTERVAL BETWEEN ONSET AND DEATH several hours	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio Sclerosis		DUE TO Hypertensive Cardio Vascular disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 16th , 1953, to Dec 23rd , 1953, that I last saw the deceased alive on Dec 23rd , 1953, and that death occurred at 6:30 p. m. from the causes and on the date stated above.			
23A. SIGNATURE George B. E. Cross		23B. ADDRESS 28 W 25th St	
23C. DATE SIGNED 12-24-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 12/24/53	
24C. NAME OF CEMETERY OR CREMATORY Family Burial Ground		24D. LOCATION (City, town, or county) (State) Ferrum Virginia	
DATE RECEIVED BY LOCAL REGISTRAR DEC 24 1953		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Wm Cook Inc		ADDRESS Baltimore Md.	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11361

53 11361 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11361 Registered No.	
1. NAME OF DECEASED (Type or Print) GEORGE W. GERSTMAYER			2. DATE OF DEATH Dec. 21, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 9-06		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1837 E. 31st St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 23, 1877	9. AGE (In years last birthday) 76	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Balto. Sun	11. BIRTHPLACE (State or foreign country) Baltimore Maryland		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME John Gerstmyer			14. MOTHER'S MAIDEN NAME Margaret Kock		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 216-03-2823	17. INFORMANT ADDRESS Mrs Lousia P. Gerstmyer Same		
18. E902.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of skull (A) Fracture of skull DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Cerebral edema with subarachnoid and subdural hemorrhage DUE TO (C) Coronary artery sclerosis with old atherosclerotic occlusion, right coronary					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Industrial		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore Sun Building 11/1	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 19, 1953		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell 1' from elevator to floor; struck head	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph U. Jackson		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. Dec. 22, 1953		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/24/53	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Maryland		
DATE RECEIVED BY LOCAL REGISTRAR DEC 24 1953	REGISTRAR'S SIGNATURE Hennington Williams	25. FUNERAL DIRECTOR Henry Sander & Sons Inc.		ADDRESS Baltimore Maryland	
VS 151 N 803.2					

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11362****T-520**
53 11362

1. NAME OF DECEASED (Type or Print) William R. Thomas			2. DATE OF DEATH Dec. 23, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3429 Mayfield Ave.			C. CITY OR TOWN (If outside corporate limits, write FULL, and give township) Baltimore Maryland		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3429 Mayfield Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Sept. 29, 1893		9. AGE (In years last birthday) 60 # Under 1 Year Months Days # Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ins. Agent		10B. KIND OF BUSINESS OR INDUSTRY Sun Life Ins.	11. BIRTHPLACE (State or foreign country) Baltimore Maryland		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME William H. Thomas			14. MOTHER'S MAIDEN NAME Mary C. Geller		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 215-10-9784	17. INFORMANT ADDRESS MR. Earl W. & Wm. K. Thomas		

18. 145X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Tonsil, right DUE TO (A) with metastasis to Palate, Paranasal jaw and to the Brain.			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			DUE TO (B) II DUE TO (C)		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April , 1953 to Dec. 23, 1953 , that I last saw the deceased alive on Dec. 21, 1953 , and that death occurred at 10:10 A.M. m., from the causes and on the date stated above.					
23A. SIGNATURE [Signature] M. D.		23B. ADDRESS 3400 Erdman Ave		23C. DATE SIGNED 12/23/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/26/53	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Maryland		
DATE RECEIVED BY LOCAL REGISTRAR DEC 24 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons Inc. Baltimore Maryland	

NO 11082

CHRYSLER - LE CHAIN

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L-532
53 11363BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11363

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Susan Lantz

2. DATE OF DEATH
Dec. - Dec.
22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland B. COUNTY

before admission)

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1805 Whitmore Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1805 Whitmore Ave

c. Length of stay in Baltimore

about 65 yrs.

Yrs.
Mos.
Days

6. SEX

Female, white

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 3, 1868

9. AGE (in years

last birthday)

85

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Prince Frederick Calvert Co., Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Robert Gantz

14. MOTHER'S MAIDEN NAME

P. F.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Leon W. Lantz (Son)

ADDRESS

Same

18. 260X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterio-sclerosis x Diabetes

DUE TO

Mellitus

(C)

6 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1946 to Dec. 22, 1953 that I last saw the deceased alive on Dec. 19, 1953, and that death occurred at 4:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Isaac C. Jackson

23B. ADDRESS

3053 W. North Ave

23C. DATE SIGNED

Dec 23-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 26, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

Brooklyn, 99 Co Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

G. Howard Evans

ADDRESS

14005 Charles St Balto 30 Md

VS 150

OFFICE OF THE SECRETARY OF DEFENSE

100-100000

1. NAME (Last, First, Middle Initial)		2. GRADE OR POSITION	
3. ORGANIZATION		4. ADDRESS	
5. CITY		6. STATE	
7. ZIP CODE		8. PHONE NUMBER	
9. DATE OF BIRTH		10. DATE OF DEATH	
11. PLACE OF BIRTH		12. PLACE OF DEATH	
13. OCCUPATION		14. EDUCATION	
15. MARITAL STATUS		16. NUMBER OF CHILDREN	
17. RELIGION		18. RACE	
19. ETHNICITY		20. SEX	
21. HEIGHT		22. WEIGHT	
23. HAIR COLOR		24. EYE COLOR	
25. SKIN COLOR		26. BLOOD TYPE	
27. SOCIAL SECURITY NUMBER		28. SERVICE NUMBER	
29. BRANCH OF SERVICE		30. DATE OF ENTRY	
31. DATE OF EXIT		32. REASON FOR EXIT	
33. CURRENT ADDRESS		34. CURRENT PHONE NUMBER	
35. CURRENT CITY		36. CURRENT STATE	
37. CURRENT ZIP CODE		38. CURRENT COUNTRY	
39. CURRENT GRADE		40. CURRENT POSITION	
41. CURRENT ORGANIZATION		42. CURRENT ADDRESS	
43. CURRENT CITY		44. CURRENT STATE	
45. CURRENT ZIP CODE		46. CURRENT PHONE NUMBER	
47. CURRENT DATE OF BIRTH		48. CURRENT DATE OF DEATH	
49. CURRENT PLACE OF BIRTH		50. CURRENT PLACE OF DEATH	
51. CURRENT OCCUPATION		52. CURRENT EDUCATION	
53. CURRENT MARITAL STATUS		54. CURRENT NUMBER OF CHILDREN	
55. CURRENT RELIGION		56. CURRENT RACE	
57. CURRENT ETHNICITY		58. CURRENT SEX	
59. CURRENT HEIGHT		60. CURRENT WEIGHT	
61. CURRENT HAIR COLOR		62. CURRENT EYE COLOR	
63. CURRENT SKIN COLOR		64. CURRENT BLOOD TYPE	
65. CURRENT SOCIAL SECURITY NUMBER		66. CURRENT SERVICE NUMBER	
67. CURRENT BRANCH OF SERVICE		68. CURRENT DATE OF ENTRY	
69. CURRENT DATE OF EXIT		70. CURRENT REASON FOR EXIT	
71. CURRENT CURRENT ADDRESS		72. CURRENT CURRENT PHONE NUMBER	
73. CURRENT CURRENT CITY		74. CURRENT CURRENT STATE	
75. CURRENT CURRENT ZIP CODE		76. CURRENT CURRENT COUNTRY	
77. CURRENT CURRENT GRADE		78. CURRENT CURRENT POSITION	
79. CURRENT CURRENT ORGANIZATION		80. CURRENT CURRENT ADDRESS	
81. CURRENT CURRENT CITY		82. CURRENT CURRENT STATE	
83. CURRENT CURRENT ZIP CODE		84. CURRENT CURRENT PHONE NUMBER	
85. CURRENT CURRENT DATE OF BIRTH		86. CURRENT CURRENT DATE OF DEATH	
87. CURRENT CURRENT PLACE OF BIRTH		88. CURRENT CURRENT PLACE OF DEATH	
89. CURRENT CURRENT OCCUPATION		90. CURRENT CURRENT EDUCATION	
91. CURRENT CURRENT MARITAL STATUS		92. CURRENT CURRENT NUMBER OF CHILDREN	
93. CURRENT CURRENT RELIGION		94. CURRENT CURRENT RACE	
95. CURRENT CURRENT ETHNICITY		96. CURRENT CURRENT SEX	
97. CURRENT CURRENT HEIGHT		98. CURRENT CURRENT WEIGHT	
99. CURRENT CURRENT HAIR COLOR		100. CURRENT CURRENT EYE COLOR	
101. CURRENT CURRENT SKIN COLOR		102. CURRENT CURRENT BLOOD TYPE	
103. CURRENT CURRENT SOCIAL SECURITY NUMBER		104. CURRENT CURRENT SERVICE NUMBER	
105. CURRENT CURRENT BRANCH OF SERVICE		106. CURRENT CURRENT DATE OF ENTRY	
107. CURRENT CURRENT DATE OF EXIT		108. CURRENT CURRENT REASON FOR EXIT	
109. CURRENT CURRENT CURRENT ADDRESS		110. CURRENT CURRENT CURRENT PHONE NUMBER	
111. CURRENT CURRENT CURRENT CITY		112. CURRENT CURRENT CURRENT STATE	
113. CURRENT CURRENT CURRENT ZIP CODE		114. CURRENT CURRENT CURRENT COUNTRY	
115. CURRENT CURRENT CURRENT GRADE		116. CURRENT CURRENT CURRENT POSITION	
117. CURRENT CURRENT CURRENT ORGANIZATION		118. CURRENT CURRENT CURRENT ADDRESS	
119. CURRENT CURRENT CURRENT CITY		120. CURRENT CURRENT CURRENT STATE	
121. CURRENT CURRENT CURRENT ZIP CODE		122. CURRENT CURRENT CURRENT PHONE NUMBER	
123. CURRENT CURRENT CURRENT DATE OF BIRTH		124. CURRENT CURRENT CURRENT DATE OF DEATH	
125. CURRENT CURRENT CURRENT PLACE OF BIRTH		126. CURRENT CURRENT CURRENT PLACE OF DEATH	
127. CURRENT CURRENT CURRENT OCCUPATION		128. CURRENT CURRENT CURRENT EDUCATION	
129. CURRENT CURRENT CURRENT MARITAL STATUS		130. CURRENT CURRENT CURRENT NUMBER OF CHILDREN	
131. CURRENT CURRENT CURRENT RELIGION		132. CURRENT CURRENT CURRENT RACE	
133. CURRENT CURRENT CURRENT ETHNICITY		134. CURRENT CURRENT CURRENT SEX	
135. CURRENT CURRENT CURRENT HEIGHT		136. CURRENT CURRENT CURRENT WEIGHT	
137. CURRENT CURRENT CURRENT HAIR COLOR		138. CURRENT CURRENT CURRENT EYE COLOR	
139. CURRENT CURRENT CURRENT SKIN COLOR		140. CURRENT CURRENT CURRENT BLOOD TYPE	
141. CURRENT CURRENT CURRENT SOCIAL SECURITY NUMBER		142. CURRENT CURRENT CURRENT SERVICE NUMBER	
143. CURRENT CURRENT CURRENT BRANCH OF SERVICE		144. CURRENT CURRENT CURRENT DATE OF ENTRY	
145. CURRENT CURRENT CURRENT DATE OF EXIT		146. CURRENT CURRENT CURRENT REASON FOR EXIT	
147. CURRENT CURRENT CURRENT CURRENT ADDRESS		148. CURRENT CURRENT CURRENT CURRENT PHONE NUMBER	
149. CURRENT CURRENT CURRENT CURRENT CITY		150. CURRENT CURRENT CURRENT CURRENT STATE	
151. CURRENT CURRENT CURRENT CURRENT ZIP CODE		152. CURRENT CURRENT CURRENT CURRENT COUNTRY	
153. CURRENT CURRENT CURRENT CURRENT GRADE		154. CURRENT CURRENT CURRENT CURRENT POSITION	
155. CURRENT CURRENT CURRENT CURRENT ORGANIZATION		156. CURRENT CURRENT CURRENT CURRENT ADDRESS	
157. CURRENT CURRENT CURRENT CURRENT CITY		158. CURRENT CURRENT CURRENT CURRENT STATE	
159. CURRENT CURRENT CURRENT CURRENT ZIP CODE		160. CURRENT CURRENT CURRENT CURRENT PHONE NUMBER	
161. CURRENT CURRENT CURRENT CURRENT DATE OF BIRTH		162. CURRENT CURRENT CURRENT CURRENT DATE OF DEATH	
163. CURRENT CURRENT CURRENT CURRENT PLACE OF BIRTH		164. CURRENT CURRENT CURRENT CURRENT PLACE OF DEATH	
165. CURRENT CURRENT CURRENT CURRENT OCCUPATION		166. CURRENT CURRENT CURRENT CURRENT EDUCATION	
167. CURRENT CURRENT CURRENT CURRENT MARITAL STATUS		168. CURRENT CURRENT CURRENT CURRENT NUMBER OF CHILDREN	
169. CURRENT CURRENT CURRENT CURRENT RELIGION		170. CURRENT CURRENT CURRENT CURRENT RACE	
171. CURRENT CURRENT CURRENT CURRENT ETHNICITY		172. CURRENT CURRENT CURRENT CURRENT SEX	
173. CURRENT CURRENT CURRENT CURRENT HEIGHT		174. CURRENT CURRENT CURRENT CURRENT WEIGHT	
175. CURRENT CURRENT CURRENT CURRENT HAIR COLOR		176. CURRENT CURRENT CURRENT CURRENT EYE COLOR	
177. CURRENT CURRENT CURRENT CURRENT SKIN COLOR		178. CURRENT CURRENT CURRENT CURRENT BLOOD TYPE	
179. CURRENT CURRENT CURRENT CURRENT SOCIAL SECURITY NUMBER		180. CURRENT CURRENT CURRENT CURRENT SERVICE NUMBER	
181. CURRENT CURRENT CURRENT CURRENT BRANCH OF SERVICE		182. CURRENT CURRENT CURRENT CURRENT DATE OF ENTRY	
183. CURRENT CURRENT CURRENT CURRENT DATE OF EXIT		184. CURRENT CURRENT CURRENT CURRENT REASON FOR EXIT	
185. CURRENT CURRENT CURRENT CURRENT CURRENT ADDRESS		186. CURRENT CURRENT CURRENT CURRENT CURRENT PHONE NUMBER	
187. CURRENT CURRENT CURRENT CURRENT CURRENT CITY		188. CURRENT CURRENT CURRENT CURRENT CURRENT STATE	
189. CURRENT CURRENT CURRENT CURRENT CURRENT ZIP CODE		190. CURRENT CURRENT CURRENT CURRENT CURRENT COUNTRY	
191. CURRENT CURRENT CURRENT CURRENT CURRENT GRADE		192. CURRENT CURRENT CURRENT CURRENT CURRENT POSITION	
193. CURRENT CURRENT CURRENT CURRENT CURRENT ORGANIZATION		194. CURRENT CURRENT CURRENT CURRENT CURRENT ADDRESS	
195. CURRENT CURRENT CURRENT CURRENT CURRENT CITY		196. CURRENT CURRENT CURRENT CURRENT CURRENT STATE	
197. CURRENT CURRENT CURRENT CURRENT CURRENT ZIP CODE		198. CURRENT CURRENT CURRENT CURRENT CURRENT PHONE NUMBER	
199. CURRENT CURRENT CURRENT CURRENT CURRENT DATE OF BIRTH		200. CURRENT CURRENT CURRENT CURRENT CURRENT DATE OF DEATH	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-456

53 11364

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 11364

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BENJAMIN WILNER			2. DATE OF DEATH 12-23-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 7402 Park Heights Ave			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 16-1907		9. AGE (In years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clothing mfg.			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balt. Md.
13. FATHER'S NAME WILLIAM WILNER			14. MOTHER'S MAIDEN NAME JENNIE -		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT MILDRED WILNER, 7402 Park Heights Ave

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Coronary Thrombosis		DUE TO		1 day
ANTECEDENT CAUSES		(B) Coronary Artery Disease		16 months
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

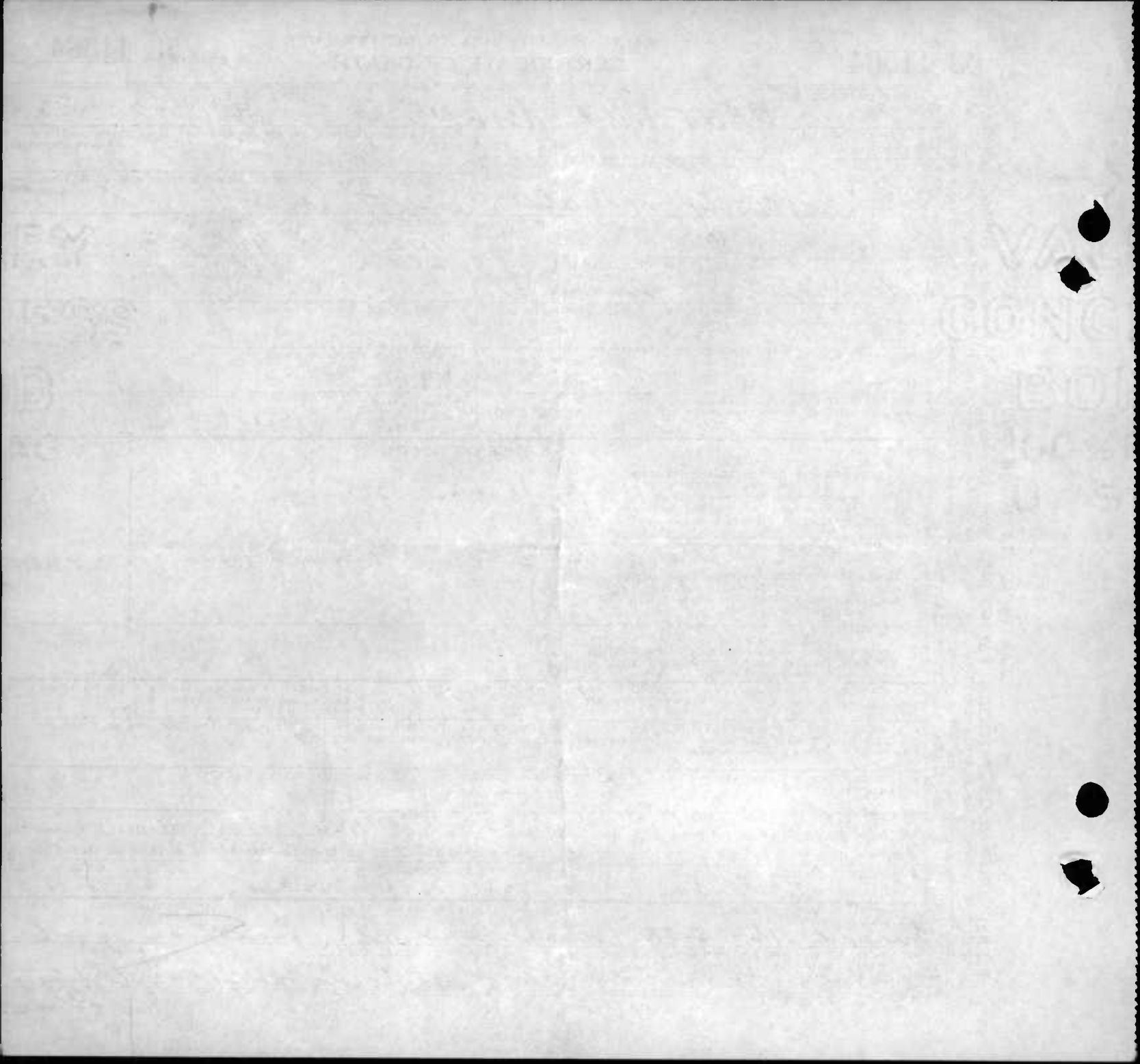
22. I hereby certify that I attended the deceased from **9/16**, 19**52**, to **12/23**, 19**53**, that I last saw the deceased alive on **12/23**, 19**53**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE J. J. Zimber	23B. ADDRESS 2324 E. Towson Rd.	23C. DATE SIGNED 12/24/53
---------------------------------------	---	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-25-53	24C. NAME OF CEMETERY OR CREMATORY Windsor Mill Rd.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 24 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Jack Lewis Inc. 2100-2102 E. Towson Rd.	

VS 150

29646



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-325
53 11365BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11365

BIRTH NO

1. NAME OF DECEASED
(Type or Print)

Samuel Katzen

2. DATE
OF
DEATH

Dec. 24, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

Stal 1

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore / 5-12D. STREET ADDRESS (If rural, give location)
2506 Keyworth Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-1-1905

9. AGE (In years,
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

owner

10B. KIND OF BUSINESS OR
INDUSTRY

Tavern

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Barnet

14. MOTHER'S MAIDEN NAME

Lena

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Metastatic brain
tumor

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-16-53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

same

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 1953, to 12/24, 1953, that I last saw the
deceased alive on 12/24, 1953, and that death occurred at 5:35 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-24-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-25-1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

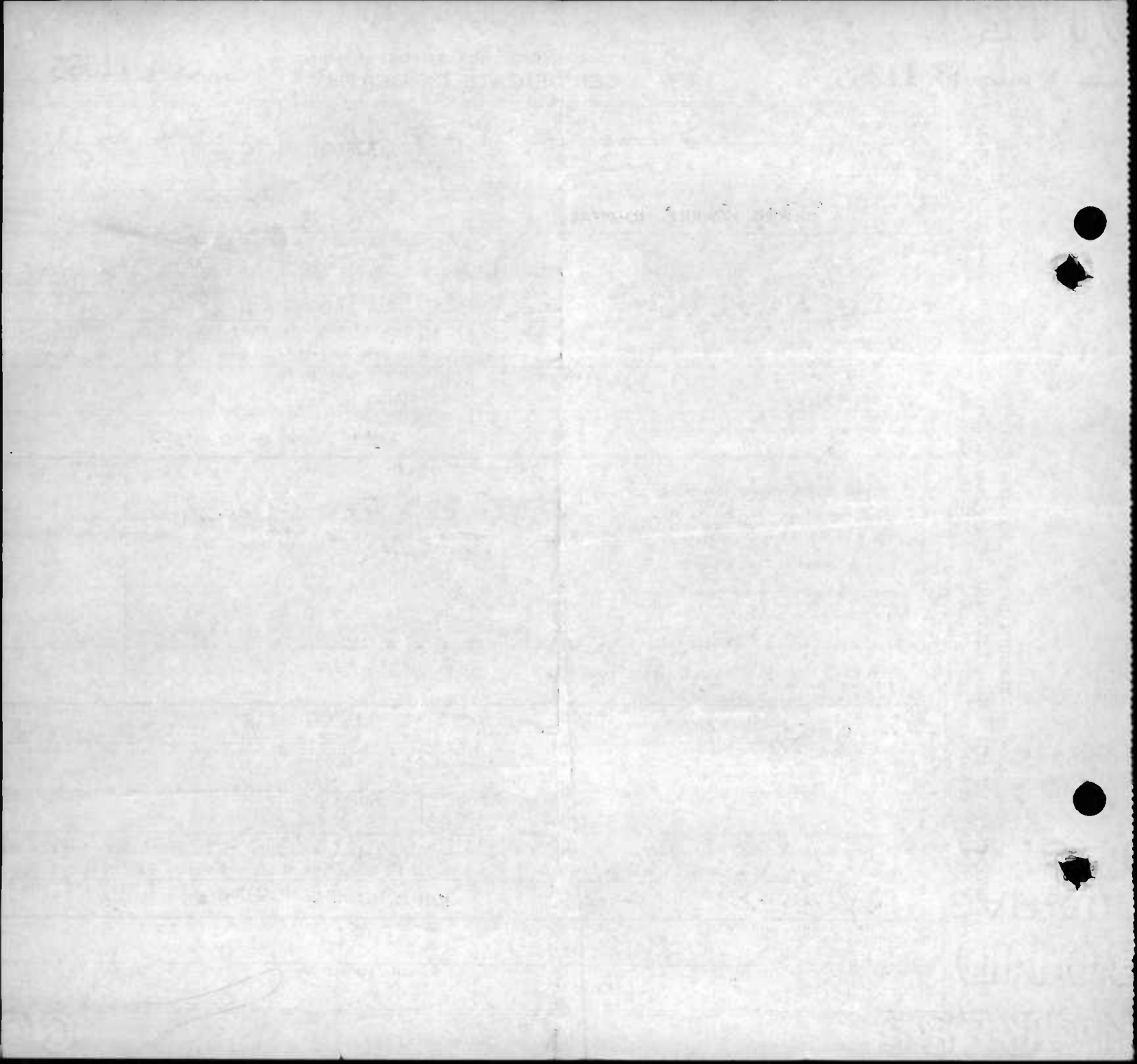
ADDRESS

DEC 24 1953

Huntington Williams Jack Lewis Inc - 2100 Eutaw Place

VS 150

25064



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 11366**

53 11366
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John G. Long

2. DATE
OF
DEATH

Dec. 22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1009 Walnut Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1009 Walnut Ave

c. Length of stay in Baltimore

13 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Married

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Dec. 25/90

9. AGE (in years)

62

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of occupation of working life, even if retired)

Optician

10B. KIND OF BUSINESS OR INDUSTRY

American Optical Co. Phila. Pa.

11. BIRTHPLACE (State or foreign country)

Co. Phila. Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

---Long

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

146 07 1370

17. INFORMANT

ADDRESS

Mrs. Frances M. Long, 1009 Walnut Ave

18. *161X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Larynx

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *10/5*, 1953, to *12/22*, 1953, that I last saw the deceased alive on *10/27*, 1953, and that death occurred at *8:30 Pm.*, from the causes and on the date stated above.

23A. SIGNATURE

Deane Laughlin

23B. ADDRESS

4508 Edmondson Village

23C. DATE SIGNED

12/22/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Dec. 24/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Philadelphia, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

ADDRESS

Harvey H. Witzke 4101 Edmondson

VS 150

5636U

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-111111

[Faint, mostly illegible text covering the body of the document, possibly a memorandum or report.]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11367		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11367 Registered No.	
1. NAME OF DECEASED (Type or Print)		Margaret Straub		2. DATE OF DEATH Dec. 24/1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-01			
D. STREET ADDRESS (If rural, give location) 545 E. 38th St		E. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-6-1875	9. AGE (In years, last birthday) 78	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME MARTIN KAVANAGH		14. MOTHER'S MAIDEN NAME MARY KIRK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 561.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hernia femoral, strangulated, myocardial infarct		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		(B) DUE TO	
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 12/22/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Hernia, strangulated		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART OF PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 12/21, 1953 to 12/24, 1953 that I last saw the deceased alive on 12/24, 1953, and that death occurred at 11:17 A.M., from the causes and on the date stated above.		23A. SIGNATURE James J. Mahoney, M.D.	
23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12/29/53			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 12-28-53		24C. NAME OF CEMETERY OR CREMATORY SS. PETER & PAUL CUMBERLAND, MD.	
24D. LOCATION (City, town, or county)		25. FUNERAL DIRECTOR H. J. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Jacob H. Hagen, Frostburg	
DATE RECEIVED BY LOCAL REGISTRAR DEC 24 1953		REGISTRAR'S SIGNATURE			
VS 150					

Monday 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

R-200

53 11368

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11368

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Willet Edward Roush

2. DATE
OF
DEATH

Dec-24-1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1347-W-41st Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

at Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore City

13-08

D. STREET ADDRESS (If rural, give location)

1347 W. 41st Street

C. Length of stay in Baltimore

about 2

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Nov-8-1871

9. AGE (In years last birthday)

82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Farmer

11. BIRTHPLACE (State or foreign country)

Penn

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Edward Roush

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

None

18. CAUSE OF DEATH

Mrs. Edna R. Dreese (daughter) 1347-W-41st St.

18.

44x 1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis & Senility

DUE TO

10 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Decubitus Ulcer

6 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 1953, 19 to 24 Dec 1953, that I last saw the deceased alive on 23 Dec 1953, and that death occurred at 2:00 pm., from the causes and on the date stated above.

23A. SIGNATURE

Registrar J. Kerwin Min

M. D.

23B. ADDRESS

431 E. Lake Ave Zone 12

23C. DATE SIGNED

24 Dec 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec/26/53

24C. NAME OF CEMETERY OR CREMATORY

Paradise Cemetery

24D. LOCATION (City, town, or county)

W. Liverpool, Snyder Co., Pa.

DATE RECEIVED BY LOCAL REGISTRAR

DEC 25 1953

REGISTRAR'S SIGNATURE

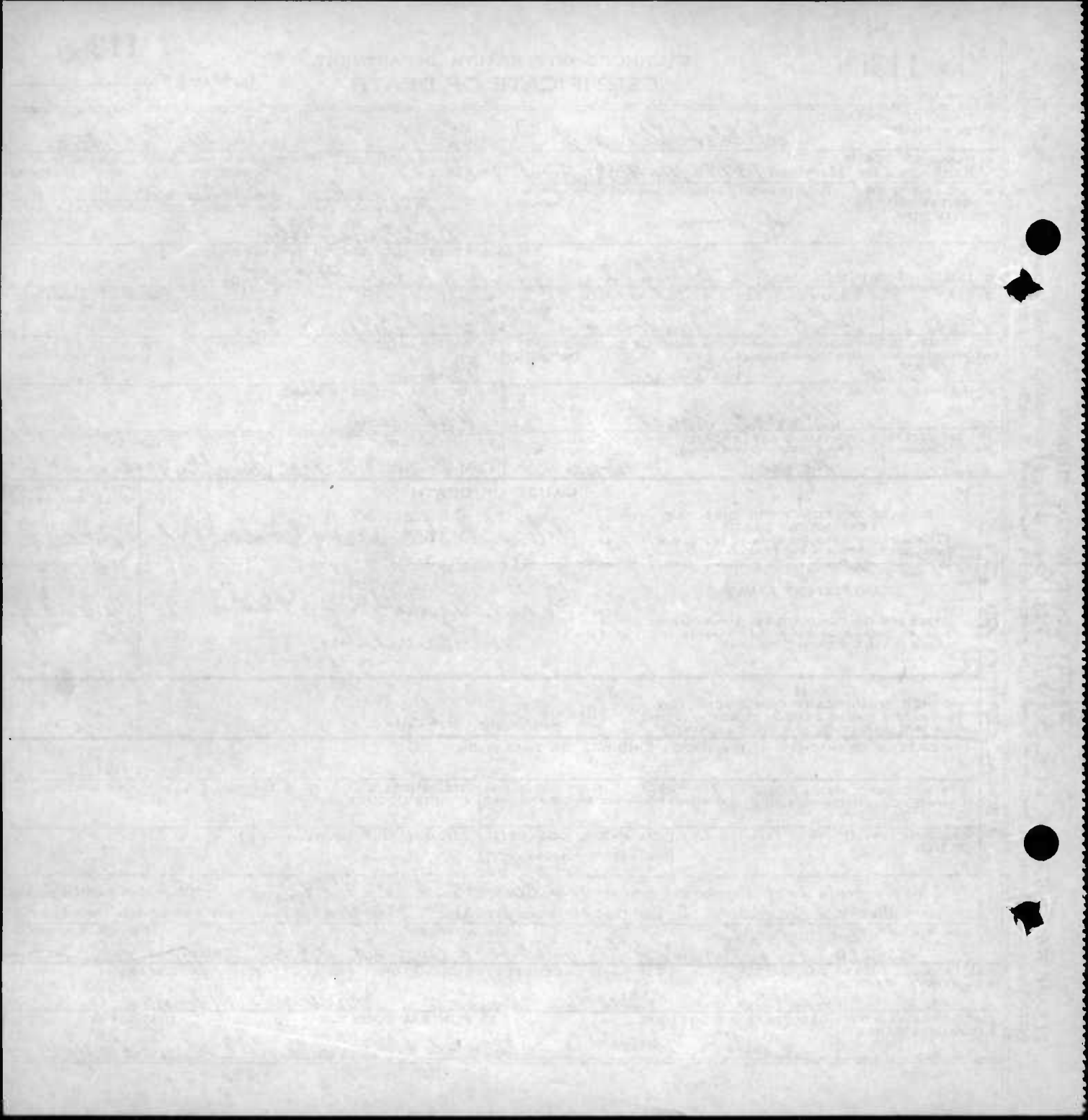
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Stewart & Mowen Co., 108 W. North Ave.

ADDRESS

City #1.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BELLE BOAS

2. DATE
OF
DEATH

DEC. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

3501 ST. PAUL ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

BALTO.

12-02

D. STREET ADDRESS (If rural, give location)

3501 ST. PAUL

c. Length of stay in Baltimore

10 Yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JAN. 2-1884

9. AGE (in years
last birthday)

69

11. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

EDUCATIONAL DIRECTOR

10B. KIND OF BUSINESS OR
INDUSTRY

MUSEUM OF ART.

11. BIRTHPLACE (State or foreign country)

PROVIDENCE R.I.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

HERMAN BOAS

14. MOTHER'S MAIDEN NAME

SARAH EISENBERGE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

DR. GEORGE BOAS BALDWIN, MO

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Heart disease and aneurysm many years

DUE TO

ANTECEDENT CAUSES

(B)

arteriosclerosis

years.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1940, to June, 1953 that I last saw the
deceased alive on June, 1953, and that death occurred at unknown from the causes and on the date stated above.

23A. SIGNATURE

Charlotte McElroy

23B. ADDRESS

M. D.

2919 St. Paul St. Baltimore

23C. DATE SIGNED

Dec. 24, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

CREMATION

24B. DATE

12-24-53

24C. NAME OF CEMETERY OR CREMATORY

GREENMOUNT

24D. LOCATION (City, town, or county)

BALTO

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 25 1953

REGISTRAR'S SIGNATURE

H. W. Jenkins & Sons Co.

25. FUNERAL DIRECTOR

H. W. JENKINS & SONS Co. 4905 YORK RD

ADDRESS

10011 2

10011 2

7

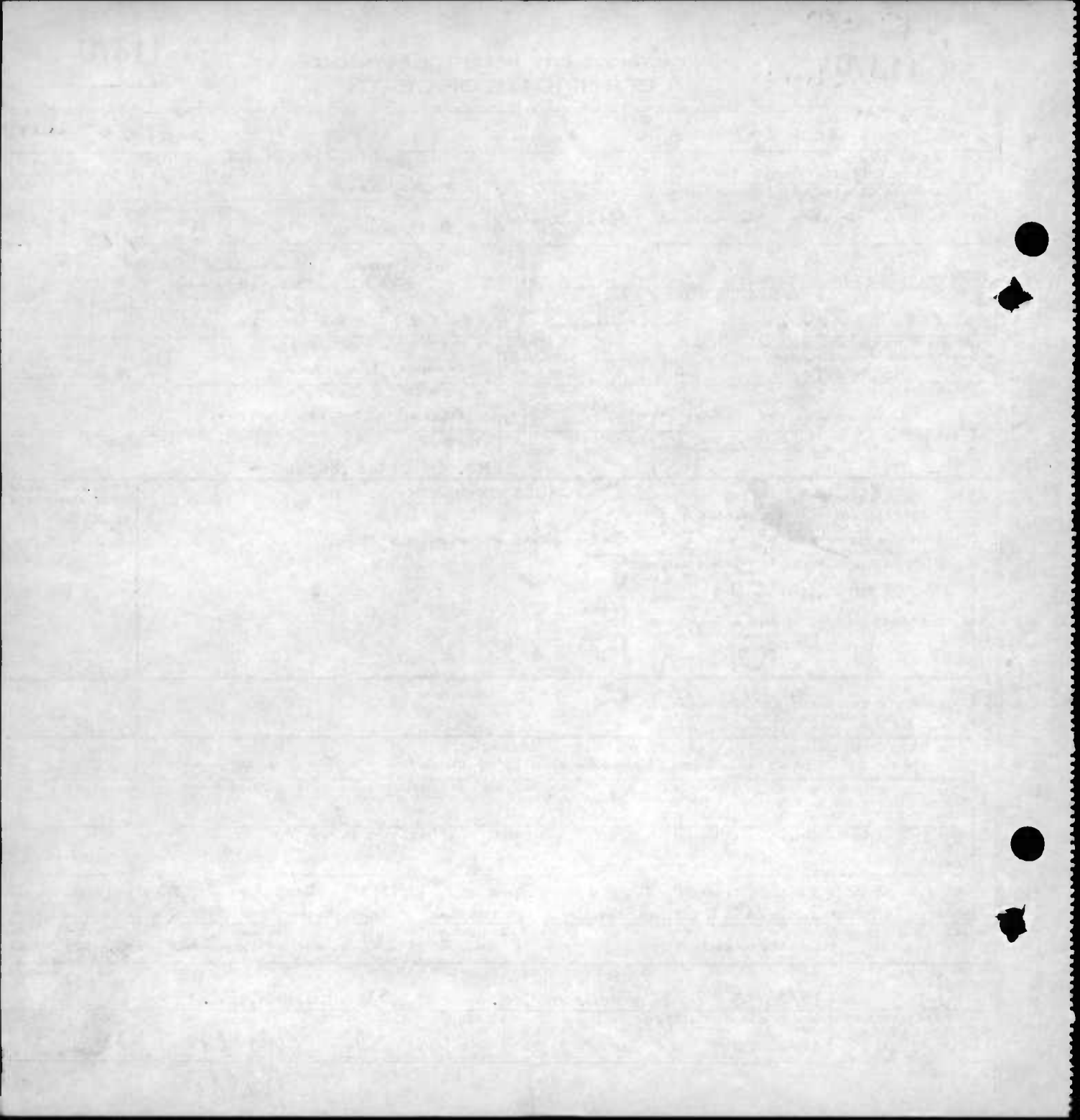


B-260
53 11370BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11370

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BECKER - Anna Reider		2. DATE OF DEATH Dec. 24th 1953.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18. / 2-02			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) Apt. 1000, 3333 N. Charles Apts., Street.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Feb. 27th 1882	9. AGE (in years last birthday) 71	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Pennsylvania.	
13. FATHER'S NAME Gabriel W. Reider.		14. MOTHER'S MAIDEN NAME Alice Reisinger.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Robert F. Becker -	
18. 151X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH Symptoms for c. 1 m.	
19A. DATE OF OPERATION Nov. 21st 1953		19B. MAJOR FINDINGS OF OPERATION Carcinomatosis. primary site stomach.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 7th, 1953 , to Dec. 24th, 1953 , that I last saw the deceased alive on Dec. 24th, 1953 , and that death occurred at 3:10 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. M. Rowson.		23B. ADDRESS Union Memorial Hospital.		23C. DATE SIGNED Dec. 24th 1953.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/26/53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR Thos. G. Vickers & Son		ADDRESS Balto. 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 25 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Thos. G. Vickers & Son	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-530

53 11371

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11371

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY ANDREW DUNTY

2. DATE
OF
DEATH

Dec. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Melchor Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

306 Ilchester Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

Yrs.
Mos.
Days

8. DATE OF BIRTH

Apr. 27, 1887

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

manager

10B. KIND OF BUSINESS OR
INDUSTRY

oil

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Duntty

14. MOTHER'S MAIDEN NAME

Alice Carrick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

R-

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Elsie M. Duntty-306 Ilchester Ave.

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

4 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic Hypertension

DUE TO

?

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 2, 1949, to Dec. 23, 1953, that I last saw the
deceased alive on Dec. 23, 1953, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Frank H. Opler

23B. ADDRESS

M. O.

2701 N. Calvert St.

23C. DATE SIGNED

Dec. 24, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/28/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 25 1953

H. J. Williams, M.D.

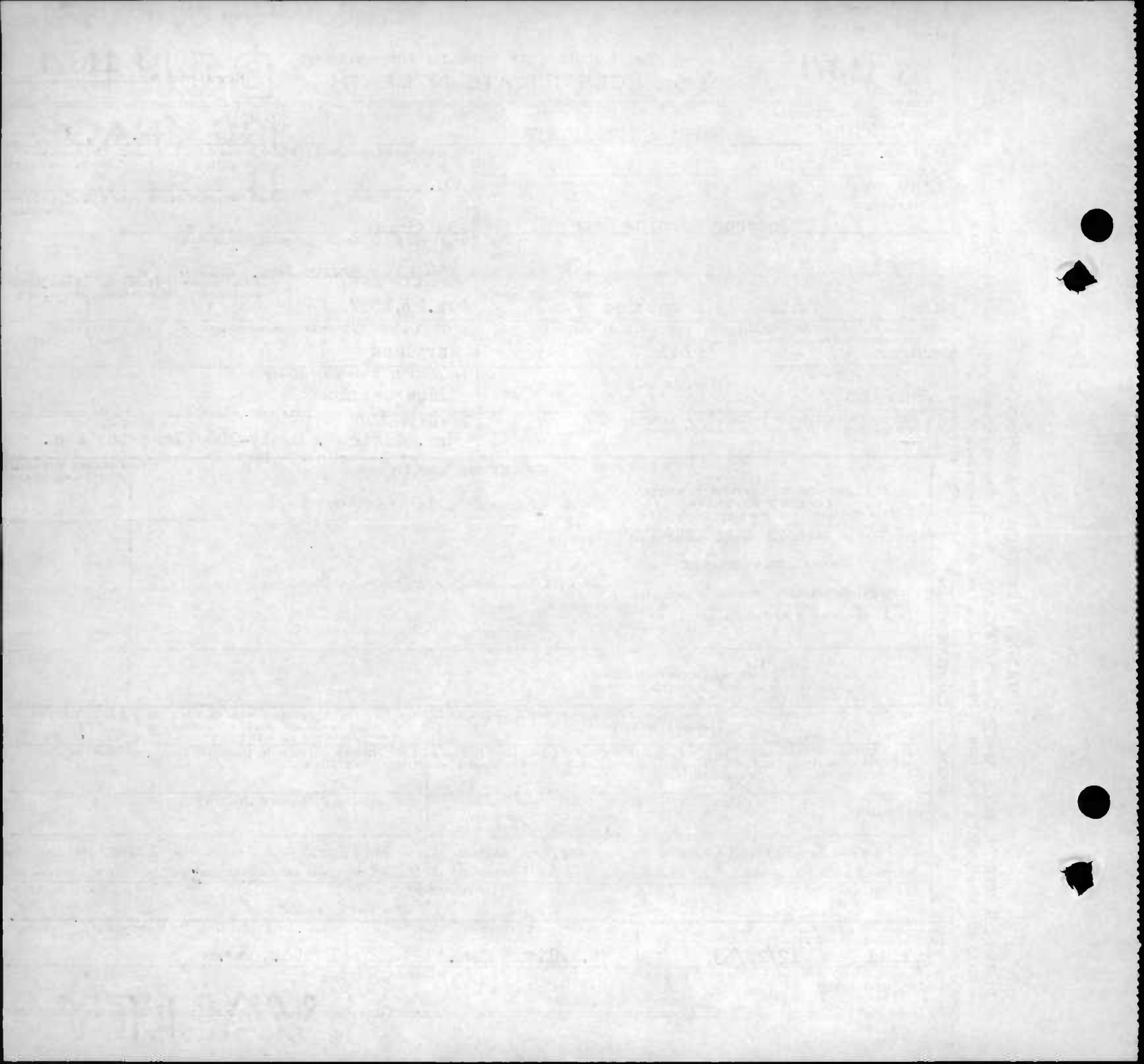
Wm. J. Pickner & Sons

ADDRESS

VS 150

29066

Balto 17, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-363
53 11372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11372

BIRTH NO. 53 11372

1. NAME OF DECEASED (Type or Print) Plunkett Florence I Stewart			2. DATE OF DEATH 12-24-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 28-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION 38 University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16		
C. Length of stay in Baltimore 70 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4429 Clifton Rd.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3/18/72	9. AGE (In years last birthday) 81	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10B. KIND OF BUSINESS OR INDUSTRY Retired		
11. BIRTHPLACE (State or foreign country) Michigan			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Michael Plunkett			14. MOTHER'S MAIDEN NAME Charlotte Waters		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mr. G. H. Stewart, Sr.			ADDRESS 4429 Clifton Rd.		

1B. **420.1** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Acute Coronary
DUE TO
INTERVAL BETWEEN ONSET AND DEATH **2 days**

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

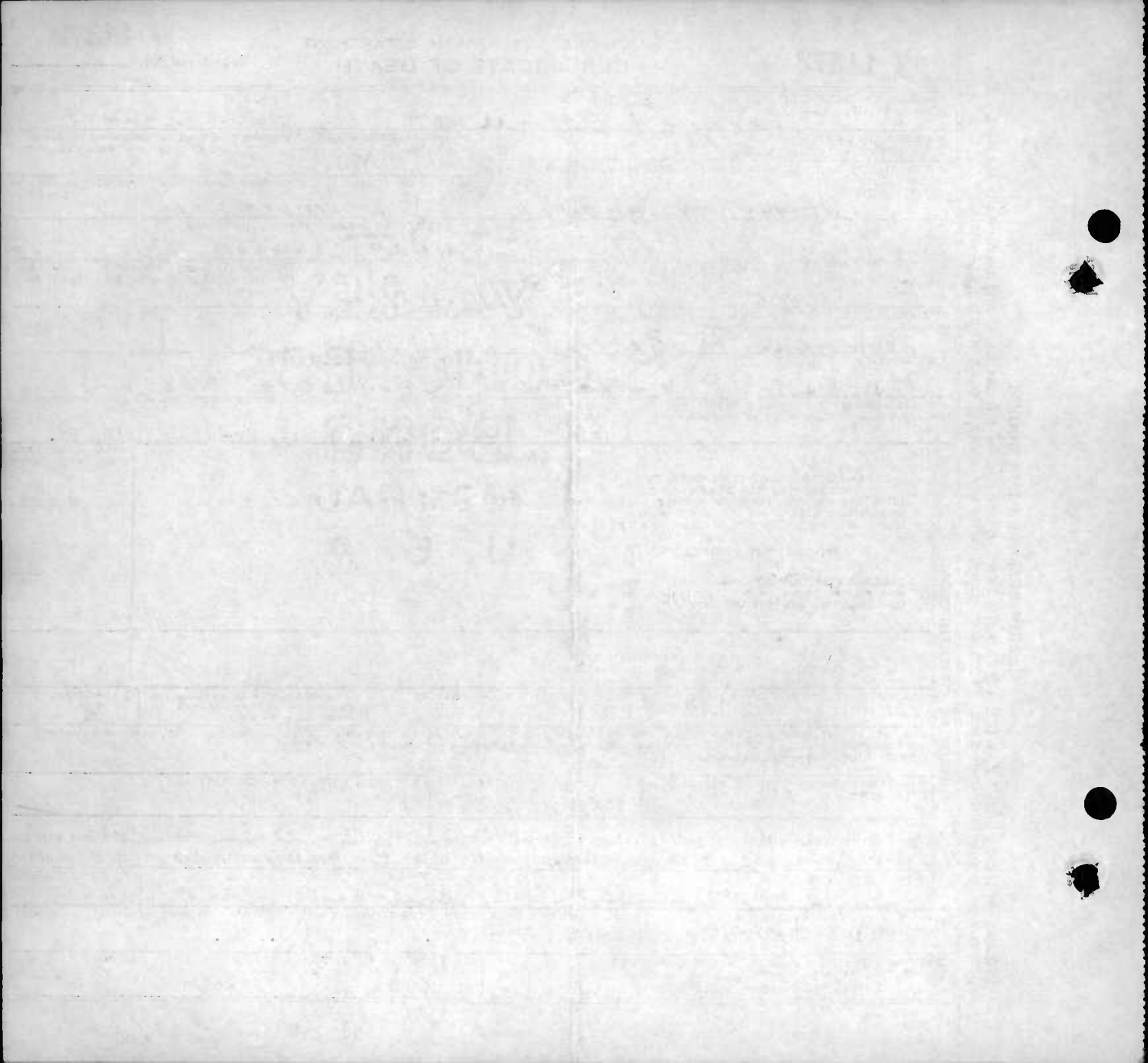
19A. DATE OF OPERATION 2	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12-23-**, 19**53**, to **12-24-**, 19**53**, that I last saw the deceased alive on **12-24-**, 19**53**, and that death occurred at **4 45** m., from the causes and on the date stated above.

23A. SIGNATURE Lewis C. Richmond, M.D.	23B. ADDRESS University Hospital	23C. DATE SIGNED 12-24-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/28/53	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.
24D. LOCATION (City, town, or county) (State) Balto., Md.		

DATE RECEIVED BY LOCAL REGISTRAR DEC 25 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Lickner & Sons	ADDRESS Balto. 17, Md.
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VS 150



G-610
53 11373

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11373
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JOHN PERRY GROVE		December 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lutherville			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 500 COLLEGE AVENUE			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 5, 1889	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONDUCTOR - FREIGHT		10B. KIND OF BUSINESS OR INDUSTRY PENNA. R.R.		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS MRS. AUDREY WELLS, LUTHERVILLE MD.	
18. E 800 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Bisection of body with avulsion of brain, thoracic, and abdominal organs (B) (C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad tracks		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pennsylvania Railroad tracks, Edmondson Avenue bridge 20-2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 23, 1953 11:00 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Struck by train	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Burns		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Dec. 23, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE DEC. 26, 1953		24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEM.	
24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.		25. FUNERAL DIRECTOR JOHN BURNS' SONS, TOWSON, MD.		ADDRESS	

CERTIFICATE OF DEATH

State of New York

County of _____

City of _____

On this _____ day of _____

19____

at _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 11374

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Stanley Bogaslawski2. DATE
OF
DEATHDec 23 / 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION122 S. Washington St4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

122 S. Washington Street

c. Length of stay in Baltimore

50 days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Taylor10B. KIND OF BUSINESS OR
INDUSTRYSelf employed

13. FATHER'S NAME

Bogaslawski15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Vincentina Bogaslawski 122

18.

153 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Bilateral necrotic carcinoma of lungs
DUE TO Carcinoma sigmoid & ileocecal
colon

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1 - 1953 to Dec. 22, 1953 that I last saw the
deceased alive on Dec. 22, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Andrew Kusnierz

23B. ADDRESS

2579 Eastern Ave.

23C. DATE SIGNED

12-23-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

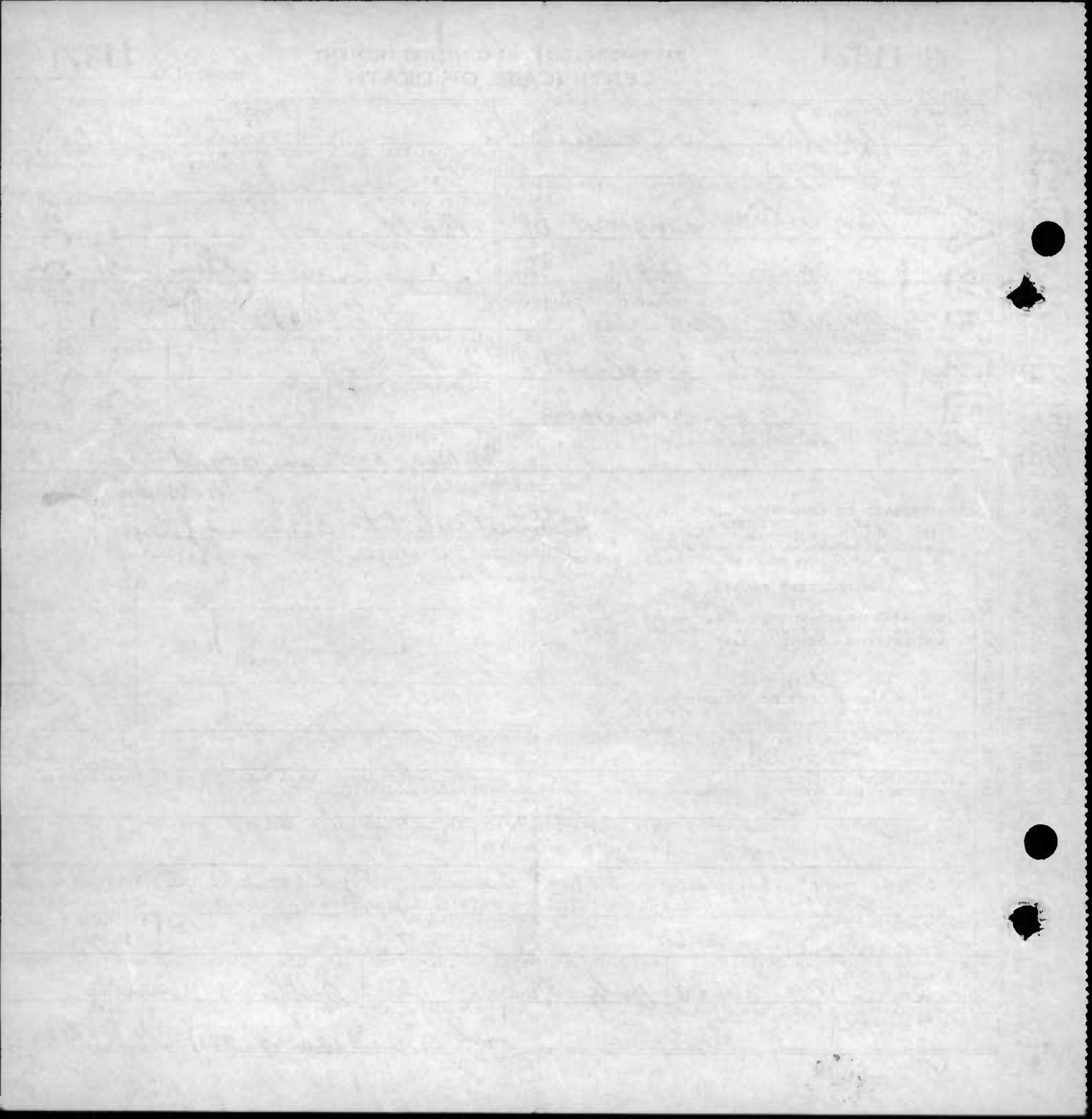
BurialDec 26/53Holy Rosary CmnBalta, CountyDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 25 1953H. J. WilliamsJohn H. Welby 401 S. Chester



E-430

53 11375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11375

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Emma B. Ellwood

2. DATE
OF
DEATH

Dec. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 720 E. Biddle St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

720 E. Biddle St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years

last birthday)

65

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

U. S

13. FATHER'S NAME

Stephen Ellwood

14. MOTHER'S MAIDEN NAME

Maria Lanahan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Eliz Dolan 720 E. Biddle St

18.

442 x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

?

6 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1942, to 23 Dec., 1953, that I last saw the
deceased alive on 21 Dec., 1953, and that death occurred at 8:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Silverstein

M. D.

23B. ADDRESS

714 E. Prason St

23C. DATE SIGNED

24 Dec 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 26, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Rita Wiedefeld 900 E. Biddle St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

B-632		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11376 Registered No.	
53 11376 BIRTH NO. 53-29553					
1. NAME OF DECEASED (Type or Print) <i>Pamela Diana Bridges</i>		2. DATE OF DEATH <i>12/23/53</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>BALTO.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 22 DUNDALK</i>			
C. Length of stay in Baltimore <i>1 yr 1 mo 5</i>		D. STREET ADDRESS (If rural, give location) <i>209 Pinewood Road</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>12/4/53</i>	9. AGE (in years last birthday) <i>—</i>	If Under 1 Year: Months: Days <i>— 19 —</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>—</i>	
13. FATHER'S NAME <i>Eugene C Bridges</i>		14. MOTHER'S MAIDEN NAME <i>Pauline Dronebury</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mother</i> ADDRESS <i>—</i>		
18. <i>764.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>DIARRHEA OF UNKNOWN ORIGIN & MARKED DEHYDRATION</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <i>DIARRHEA OF UNKNOWN ORIGIN & MARKED DEHYDRATION</i>			
		(B)			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/20</i> , 19 <i>53</i> , to <i>12/23</i> , 19 <i>53</i> that I last saw the deceased alive on <i>12/23</i> , 19 <i>53</i> , and that death occurred at <i>9:45</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>B. J. Blunkett, Jr.</i>		23B. ADDRESS <i>Union Memorial Hospital</i>		23C. DATE SIGNED <i>12/23/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>12-26-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>OAK LAWN</i>	
24D. LOCATION (City, town, or county) <i>BALTO. Co. Md.</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 25 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Watts / Brooks / Bodley, Dundalk</i>	

WELL 66

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WELL 66



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-11377

53-11377

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Christian Moore

2. DATE
OF
DEATH

12-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

825 N. Eutaw St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 28, 1928

9. AGE (In years
last birthday)

25

If Under 1 Year If Under 24 Hours
Months Days Hours Min.12. CITIZEN OF
WHAT COUNTRY?
U.S.A.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Farming

11. BIRTHPLACE (State or foreign country)

Tennessee

13. FATHER'S NAME

Charlie Moore

14. MOTHER'S MAIDEN NAME

Purlie Mullins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Riley Harris

ADDRESS

825 N. Eutaw St.

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Skull Fracture

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Contusion of Brain

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Boulevard

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Washington Blvd. near Gilford Rd.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
12/24/53 10:30 P. m.21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Harris

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

12-25-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

12-25-53

24C. NAME OF CEMETERY OR CREMATORY

Family Cemetery

24D. LOCATION (City, town, or county)

Sneedsville, Tennessee

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

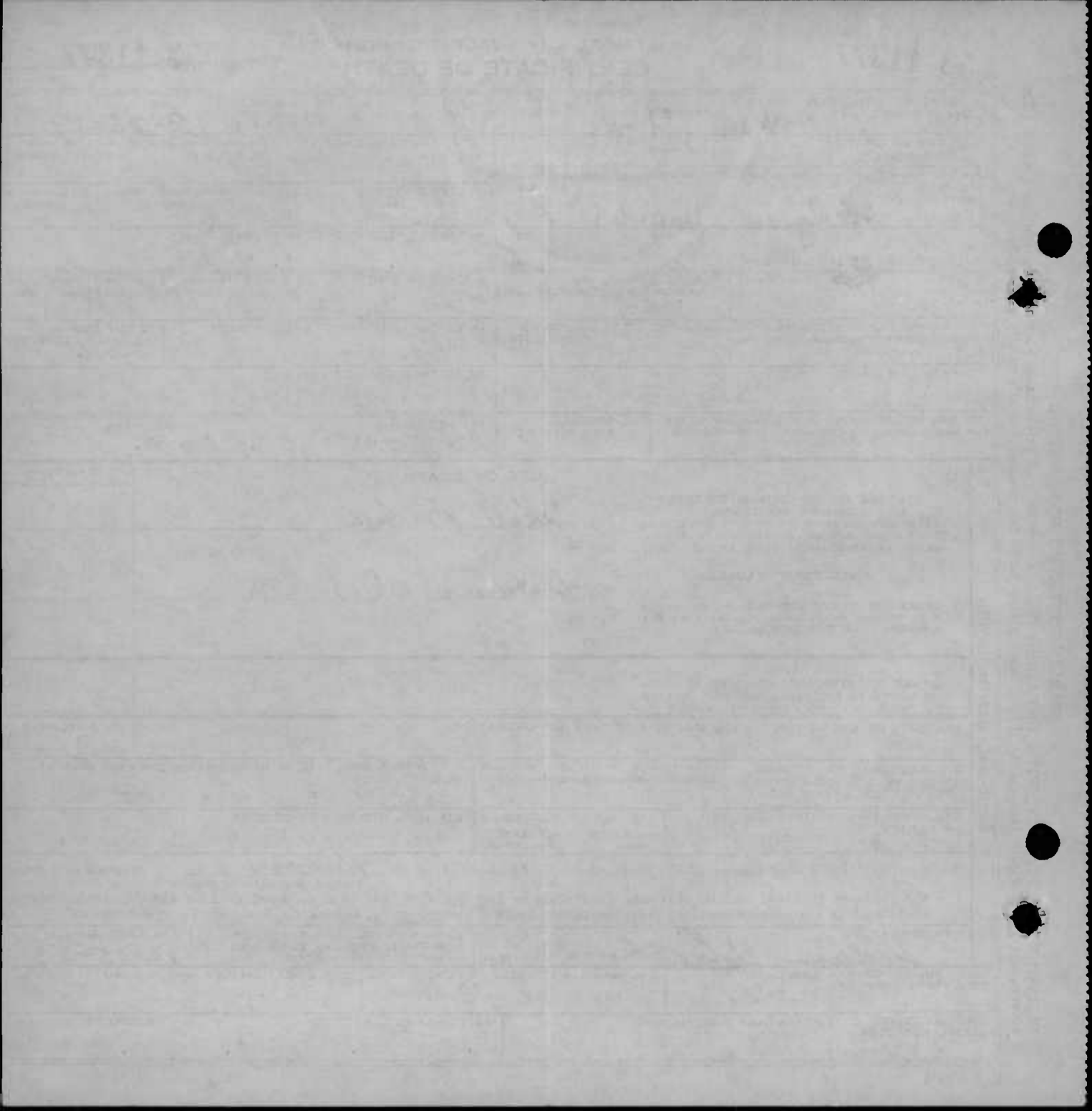
Huntington

25. FUNERAL DIRECTOR

M. Cook Inc.

ADDRESS

1217 St. Paul St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

F. 652

IAS-7344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 11378

BIRTH NO. 53 11378 53-31370

1. NAME OF DECEASED (Type or Print) (BOY) FRANCZKOWSKI			2. DATE OF DEATH 12/24/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			C. CITY OR TOWN BALTIMORE (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore 54 Yrs. Mos. Days			D. STREET ADDRESS (if rural, give location) 721 S. Monford Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH DEC 20 1953	9. AGE (In years last birthday) 4	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walter J. Franczkowski			14. MOTHER'S MAIDEN NAME Alexandra Borowy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 760.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CE RE ORAL EDEMA	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 4 DAYS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Dec 20 , 19 53 , to Dec 24 , 19 53 , that I last saw the deceased alive on Dec 24 , 19 53 , and that death occurred at 9:20 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE David Legate		23B. ADDRESS BON SECOURS HOSPITAL		23C. DATE SIGNED Dec 24/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 26/53	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR DEC 26 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
		FUNERAL DIRECTOR Fred W. Ozaszewski		
		ADDRESS 1930 Eastern Ave		

CERTIFICATE OF DEATH

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH.

NAME OF DECEASED: _____

AGE: _____

SEX: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

CAUSE OF DEATH: _____

IMMEDIATE CAUSE OF DEATH: _____

PREVAILING DISEASE: _____

PERIOD OF ILLNESS: _____

DATE OF ONSET: _____

DATE OF EXAMINATION: _____

DATE OF SIGNATURE: _____

DATE OF FILING: _____

DATE OF ENTRY: _____

DATE OF DEATH: _____

DATE OF DEATH: _____

DATE OF DEATH: _____

DATE OF DEATH: _____

DATE OF DEATH: _____

DATE OF DEATH: _____

DATE OF DEATH: _____

DATE OF DEATH: _____

DATE OF DEATH: _____

DATE OF DEATH: _____

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DATE OF DEATH: _____

DATE OF DEATH: _____

DATE OF DEATH: _____

DATE OF DEATH: _____

53 11379

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11379

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)B.
Richard Orrell2. DATE
OF
DEATH

12/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Juliusan Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-02

D. STREET ADDRESS (If rural, give location)

2550 W. Fayette St #23

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

f.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4-11-28/91

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Andy Saleman

10B. KIND OF BUSINESS OR
INDUSTRY

McDowell Pyle Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Francis W. Orrell

14. MOTHER'S MAIDEN NAME

Florence Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

W.W.I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Catherine M. White 2550 W. Fayette

18. 470.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) mesenteric thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) congestive heart failure

DUE TO

(C) arteriosclerotic heart disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/21, 1953, to 12/24, 1953, that I last saw the
deceased alive on 12/24, 1953, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Heinrich Hain

M. D.

23B. ADDRESS

Juliusan Hospital

23C. DATE SIGNED

12/24/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-26-1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

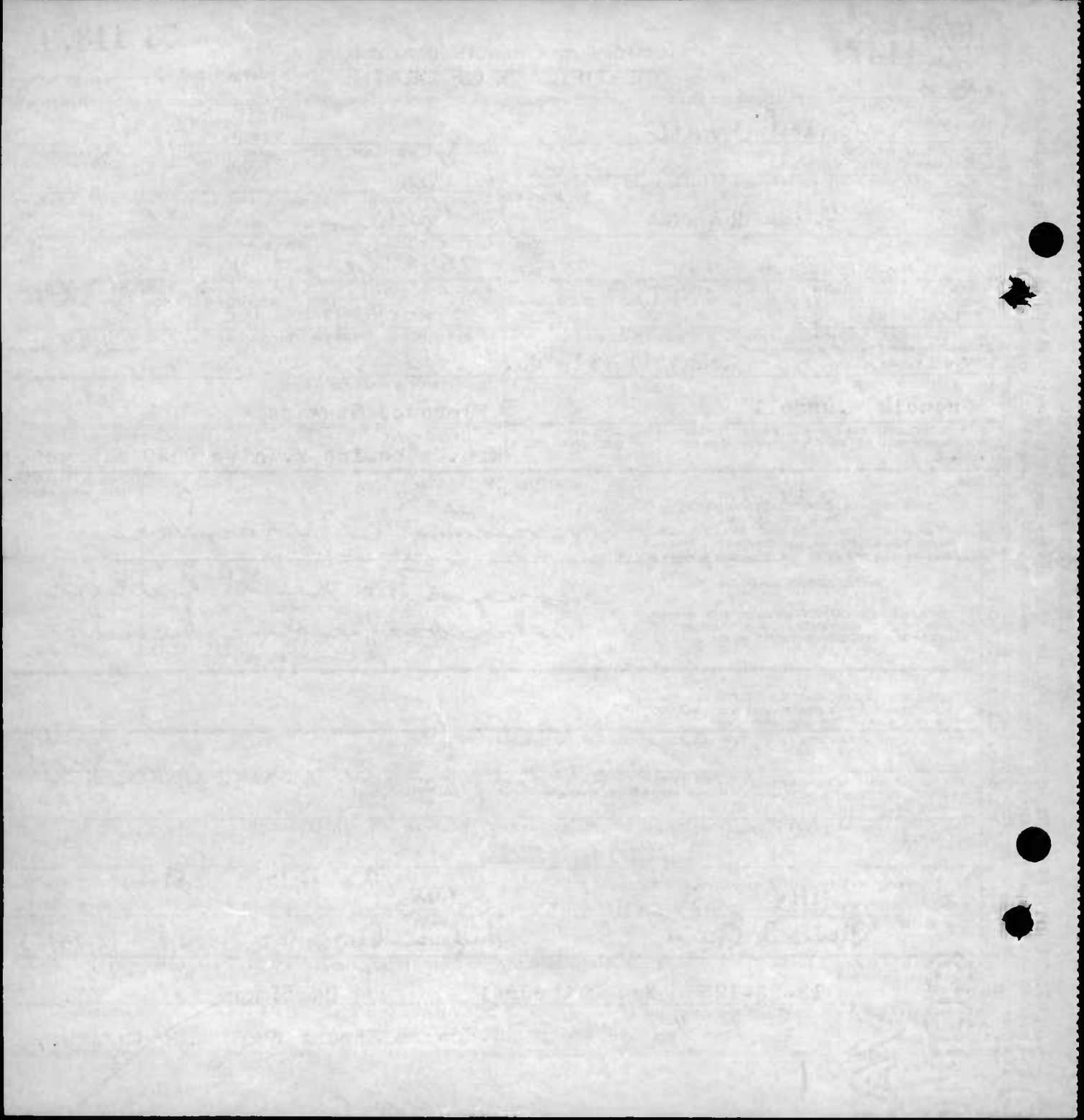
DEC 26 1953

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11380**BIRTH NO. **53-31974**1. NAME OF DECEASED
(Type or Print)*Walter*2. DATE
OF
DEATH*12/24/53*3. PLACE OF DEATH:
a. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
a. STATE b. COUNTY before admission)*MARYLAND*b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)*18 Maryland General Hospital*c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*BALTIMORE 2-03*

c. Length of stay in Baltimore

23

d. STREET ADDRESS (If rural, give location)

733 CLANN ST

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

*Dec. 22 / 53*9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.*1 15 26*10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Stanley Anthony Kaminski

14. MOTHER'S MAIDEN NAME

*Eleanor Virginia Kaminski*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *762.5*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Congenital Atelectasis
of the Lungs*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Prematurity*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on *12-24*, 19*53* and that death occurred at *12:30 AM*, from the causes and on the date stated above.

23a. SIGNATURE

A. P. Vicente

M. D.

23b. ADDRESS

Maryland Gen. Hosp

23c. DATE SIGNED

*12-24-53*24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

12-26-53

24c. NAME OF CEMETERY OR CREMATORY

HOLY ROSARY

24d. LOCATION (City, town, or county)

GERMAN HILL RD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*DEC 26 1953**H. J. Williams, M.D.**George A. Weber, 705 S. Penn. &*

4 1/2
Rephair

H-430
53 11381BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11381

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN HOLLIDAY.

2. DATE
OF
DEATH

24 Dec. 53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

Baltimore Maryland.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Church Home or Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore.

27-03

c. Length of stay in Baltimore

2

D. STREET ADDRESS (If rural, give location)

4907 Herring Road Run Drive

5. SEX

M.

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,

WIDOWED, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH

?

9. AGE (In years

last birthday)

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

69.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baggage Master.

10B. KIND OF BUSINESS OR INDUSTRY

Railroad.

11. BIRTHPLACE (State or foreign country)

Pennsylvania.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

William R. Holliday.

14. MOTHER'S MAIDEN NAME

Cora Atkinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Church Home Hospital, Balto.

18.

470.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio Sclerotic Heart Disease. Sy. +

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Emphysema.

Sy. +.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 23 Dec. 1953, to 24 Dec. 1953, that I last saw the deceased alive on 24 Dec. 1953, and that death occurred at 4:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

H. Sinclair

M. D.

23B. ADDRESS

Church Home Hospital

23C. DATE SIGNED

24 Dec 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/28/53

24C. NAME OF CEMETERY OR CREMATORY

Moreland Men

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

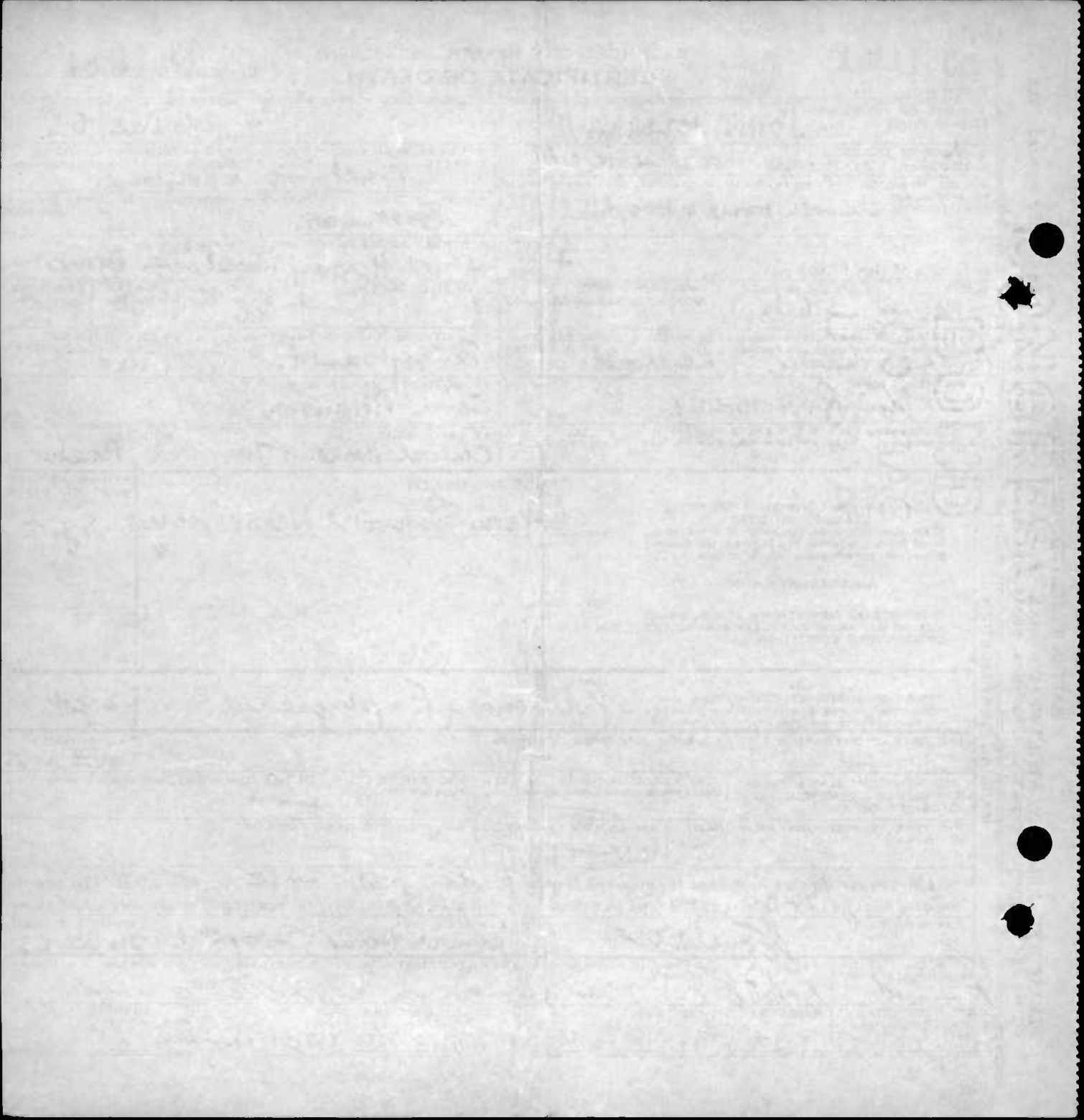
25. FUNERAL DIRECTOR

ADDRESS

DEC 26 1953

Huntington Williams

53057 Hampden Rd



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 452

53 11382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 11382

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Margaret W. Fullenkamp

2. DATE
OF
DEATH

Dec. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Pineridge Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3530 Parklawn Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug. 10, 1884

9. AGE (In years last birthday)

69

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Debes

14. MOTHER'S MAIDEN NAME

Clara Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

332X1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

Arterio Sclerosis

ANTECEDENT CAUSES

(B)

DUE TO

Chylifurculosis

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947 to Dec 23, 1953, that I last saw the deceased alive on Dec 23, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Handberg

23B. ADDRESS

3805 Belair Rd

23C. DATE SIGNED

12/25/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 26, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

DEC 26 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard J. Ruck, 5305 Harford Road.

Dr. Harding.

800 E Belvedere

6-

Eds 9126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. 153

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11383

BIRTH NO. 53 11383

1. NAME OF DECEASED (Type or Print) <u>Miller, Katherine</u>		2. DATE OF DEATH <u>December 24, 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR RESIDENCE <u>St. Joseph's</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>27-01</u>	
c. Length of stay in Baltimore Yrs. <u>47</u> Mos. <u>11</u> Days <u>11</u>		D. STREET ADDRESS (If rural, give location) <u>3818 Woodlea Avenue</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June-2-1889</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hwife.</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>63</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <u>204.0</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Chronic lymphatic leukemia</u> DUE TO CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C) (A) (B) (C)		
II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>December 24, 1953</u> to <u>December 24, 1953</u> , that I last saw the deceased alive on <u>Dec. 24, 1953</u> , and that death occurred at <u>3:10 p. m.</u> , from the causes and on the date stated above.							
23A. SIGNATURE <u>Calais E. Luyens</u>				23B. ADDRESS M. O. <u>1400 N. Caroline Street</u>		23C. DATE SIGNED <u>Dec. 24, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12/28/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Louder Park</u>		24D. LOCATION (City, town, or county) (State) <u>Balto</u> <u>Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 26 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Leavell J. Reck - 5305-7449</u>		ADDRESS	

VS 150

NAME L. G. Ruck BODY TANK L.
ADDRESS 5305 Waverford Rd.
DATE 24 Dec 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-600

53 11384

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11384
Registered No.

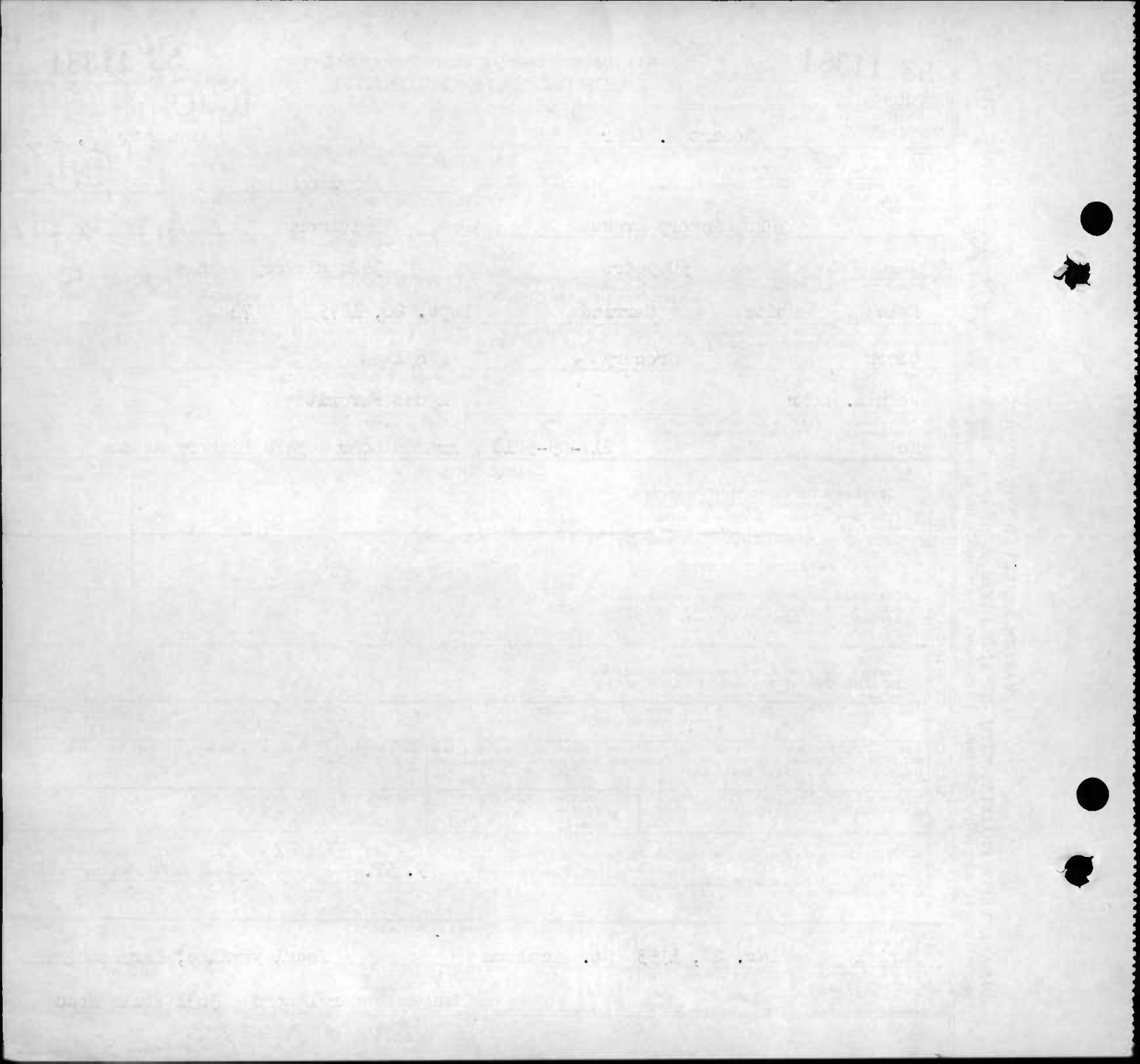
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Robert N. Lohr		2. DATE OF DEATH December 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3428 Hickory Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-06	
c. Length of stay in Baltimore 50 years		D. STREET ADDRESS (If rural, give location) 3428 Hickory Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 26, 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Grocery	9. AGE (in years, last birthday) 74
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME John L. Lohr		14. MOTHER'S MAIDEN NAME Agnes Favorite	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 217-05-5218	
17. INFORMANT Arthur Lohr		ADDRESS 3428 Hickory Avenue	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cong. Heart Failure DUE TO (B) Anterior wall M.I. Dis. DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 1, 1953 to Dec. 23, 1953 that I last saw the deceased alive on Dec. 21, 1953, and that death occurred at 9:45 P. M., from the causes and on the date stated above.			
23A. SIGNATURE Edw. H. Kussman	23B. ADDRESS 40378 Fall Rd.	23C. DATE SIGNED 12/24/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 28, 1953	24C. NAME OF CEMETERY OR CREMATORY St. Abrahams	24D. LOCATION (City, town, or county) (State) Beckleysville, Maryland
DATE RECEIVED BY LOCAL REGISTRAR DEC 26 1953	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR Burgee Funeral Home 3631 Falls Road 3906A Horace F. Burgee	

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-220
53 11385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11385

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Catherine Moses

2. DATE OF DEATH December 23, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY Allegany

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1108 Wood Heights Avenue

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lonaconing 51-00

7. STREET ADDRESS (If rural, give location) 97 Douglas Avenue

8. Length of stay in Baltimore 2 months

9. SEX Female 10. COLOR OR RACE White 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

12. DATE OF BIRTH July 16, 1876 13. AGE (in years last birthday) 77

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 15. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country) Nova Scotia 17. CITIZEN OF WHAT COUNTRY? U S A

18. FATHER'S NAME James McElvie 19. MOTHER'S MAIDEN NAME Catherine Frazer

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No 21. SOCIAL SECURITY NO. 216-05-6214

22. INFORMANT Mrs. Hammond N. Rice ADDRESS Avenue 1108 Wood Heights

18. 422.1 and 163X CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Dec, 1953, to 23 Dec, 1953 that I last saw the deceased alive on 23 Dec, 1953 and that death occurred at 4.25 p.m. from the causes and on the date stated above.

23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Dec. 26, 1953 24C. NAME OF CEMETERY OR CREMATORY Lorraine Park 24D. LOCATION (City, town, or county) Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11386
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH ALLEN MILLS

2. DATE
OF
DEATH

December 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1432 Dellwood Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

13-08

D. STREET ADDRESS (If rural, give location)

1432 Dellwood Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

? about

9. AGE (In years
last birthday)

65

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

Mrs. George Baker 1432 Dellwood Avenue

ADDRESS

18.

EP12.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary embolus

EXEMPT

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Thrombophlebitis of left leg

EXEMPT

(C) Fracture of left femur and left tibia

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Springhill Avenue near Druid Park Dr.

21D. TIME (Month) (Day) (Year) (Hour)

December 8, 1953

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

15-12

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. W. W.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

M.D.

MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Dec. 23, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 26, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Hampden

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Burgee Funeral Home

ADDRESS

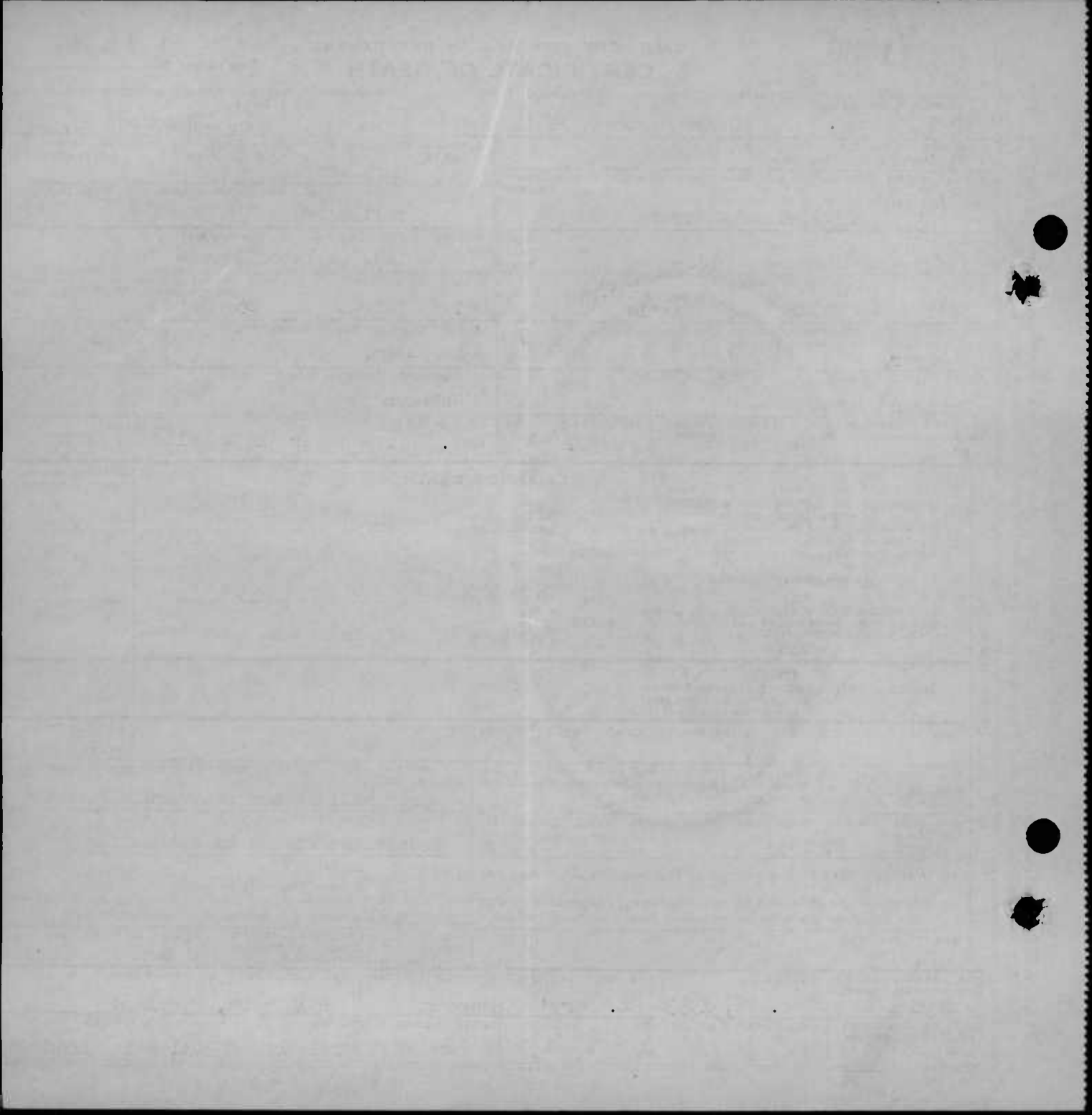
3631 Falls Road

V S 151

js N - 820.0

97099

Horace F. Burgee



53 11387

53 11387

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CATHERINE L. CONNELL

2. DATE
OF
DEATH

Dec. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONHoods Nursing Home
5313 Edmondson Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

610 Grantley St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 7, 1885

9. AGE (in years
last birthday)

68

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frances McHardy

14. MOTHER'S MAIDEN NAME

Delia Bligh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John J. Connell, 610 Grantley St.

18.

422.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH(A) ARTERIO-SCLEROTIC CARDI
DUE TO VASCULAR DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTHRITIS

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1953 to 12/2, 1953 that I last saw the
deceased alive on 12/2, 1953 and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 26/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery Baltimore Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave.

MINISTRE DU SÉCRÉTARIAT GÉNÉRAL
CERTIFICATE OF DEATH

1. Name of the deceased: _____

2. Date of birth: _____

3. Sex: _____

4. Date of death: _____

5. Place of death: _____

6. Cause of death: _____

7. Signature of the medical officer: _____

8. Signature of the registrar: _____

9. Date of registration: _____

10. Place of registration: _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

H-534

HUNDALEY

53 11388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 11388

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hazel R. Peter Hundley

2. DATE
OF
DEATH

Dec. 24-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Square Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

144 Thelma Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Widowed

8. DATE OF BIRTH

Jan 24 1923

9. AGE (In years

last birthday)

30

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Secretary in Data Office

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Co

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Thomas C. Peter

14. MOTHER'S MAIDEN NAME

Mary E. Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

218-18-0635

17. INFORMANT

ADDRESS

Russell Peter Quings Mills

18.

330X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Intraventricular, Intracerebral, & Subarachnoid Hemorrhage*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Ruptured Aneurysm, rt. Ant. Cerebral Artery*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arterial Hypertension

19A. DATE OF OPERATION

Dec. 17, 1953

19B. MAJOR FINDINGS OF OPERATION

Probable aneurysm, rt. Anterior Cerebral Artery

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov. 23*, 19*53* to *Dec. 22*, 19*53*, that I last saw the deceased alive on *Dec. 22*, 19*53*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

William H. Mosberg Jr.

23B. ADDRESS

11 East Chase St. Balto. #2, Md.

23C. DATE SIGNED

Dec. 24, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 28/53

24C. NAME OF CEMETERY OR CREMATORY

David Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md

DATE RECEIVED BY LOCAL REGISTRAR

DEC 28 1953

REGISTRAR'S SIGNATURE

Huntington Williams Jr.

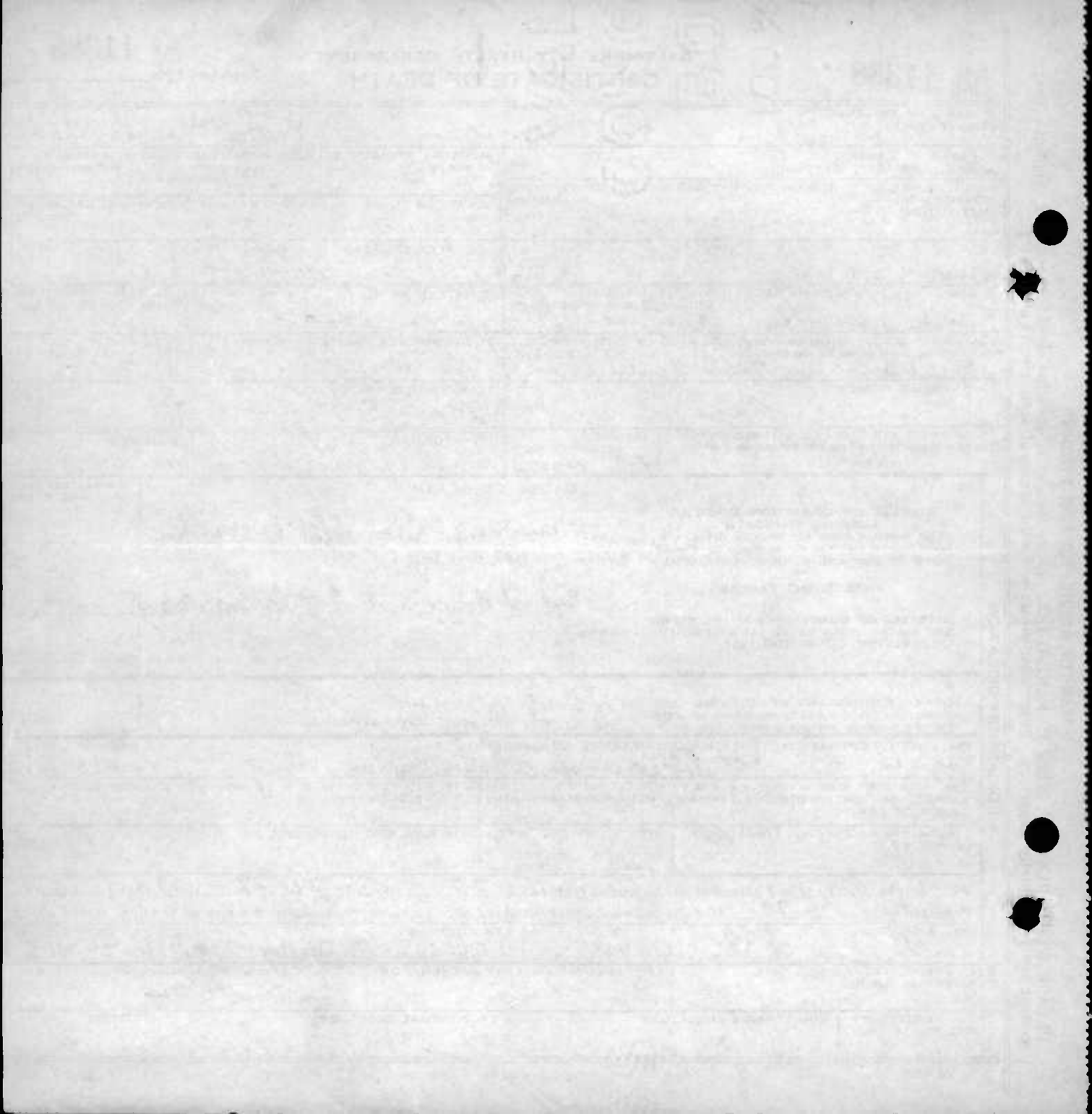
25. FUNERAL DIRECTOR

J. F. Elmer Sons Rustons, Md.

ADDRESS

VS 150

35085



W-256

53 11389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11389

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Lillie Bell WAGNER

2. DATE
OF
DEATH

Dec 24-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

2930 Windsor Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 15-47

D. STREET ADDRESS (If rural, give location)

2930 WINDSOR AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

3-30-1883

9. AGE (in years

last birthday)
70

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Peter L. Lineweaver

14. MOTHER'S MAIDEN NAME

Coss

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

WM F WAGNER - 2930 WINDSOR AVE

ADDRESS

18.

422.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Ac. Congestive Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Cardiac Disease

6 mos.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1-1953, to 12-24-1953, that I last saw the deceased alive on 12-24-1953, and that death occurred at 7:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Warner

M. D.

23B. ADDRESS

2604 Garrison St.

23C. DATE SIGNED

12-24-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-26-53

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD Cemetery

24D. LOCATION (City, town, or county)

Taybr Ave. Sec 10

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 26 1953

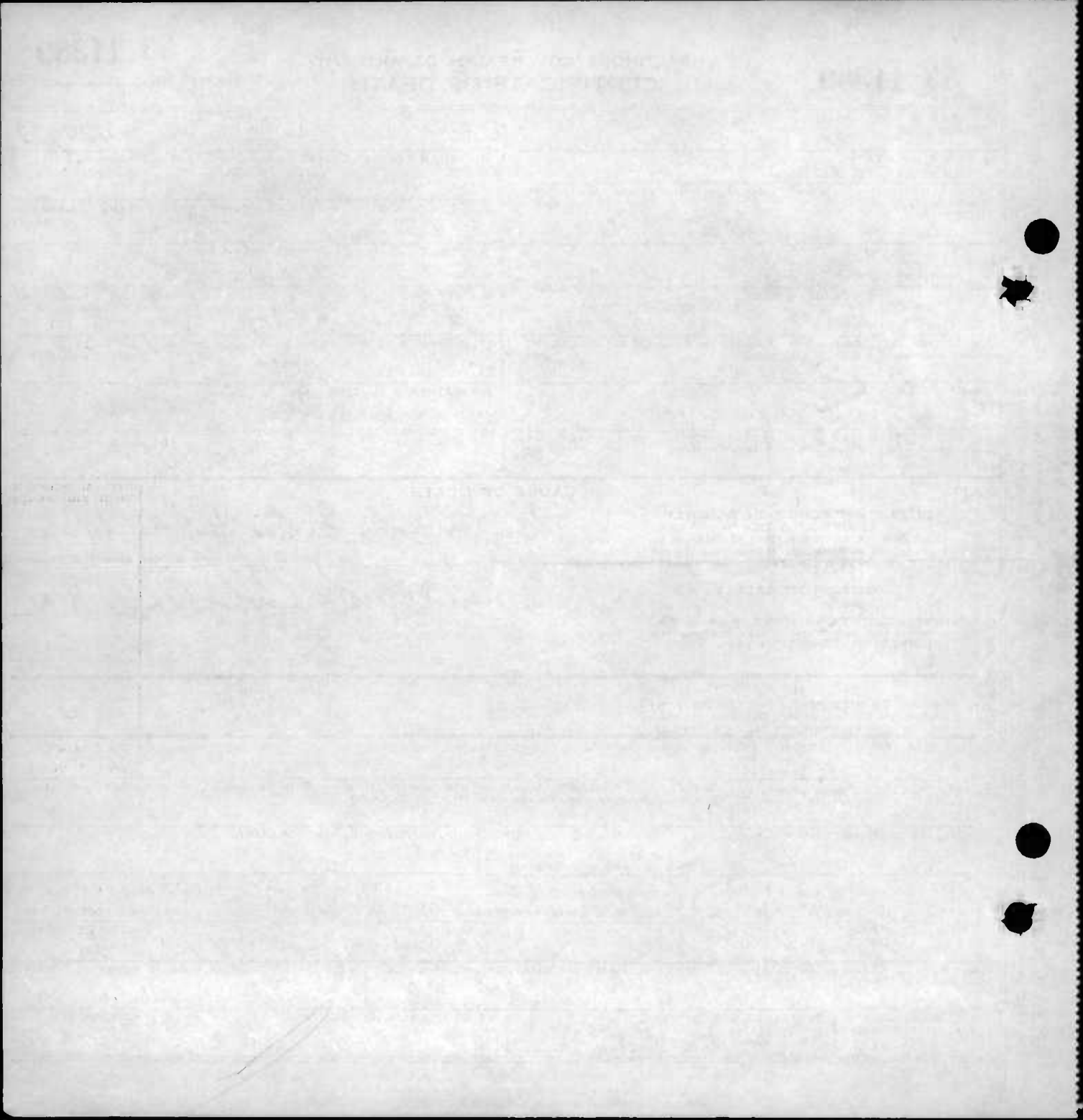
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Thomas J. Kenny Inc 1600 Hollins St

ADDRESS



B-143

53 11390

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11390
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN WILLIAM BAUBLITTS

2. DATE
OF
DEATH

12-24-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE (1) 11-02

D. STREET ADDRESS (If rural, give location)

517 CATHEDRAL ST.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

C. Length of stay in Baltimore

50

Yrs.

Mos.

Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SEPARATED

8. DATE OF BIRTH

8-26-91

9. AGE (in years, last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LANDSCAPE GARDENER

10B. KIND OF BUSINESS OR INDUSTRY

DR. DUNNING

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN H. BAUBLITTS

14. MOTHER'S MAIDEN NAME

ANNA JOYSE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

DECEASED

ADDRESS

ABOVE

18.

541.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) BILE PERITONITIS

24 HRS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PERFORATED DUODENAL ULCER

24 HRS

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

PULMONARY ATELECTASIS

48 HRS

19A. DATE OF OPERATION

12-21-53

19B. MAJOR FINDINGS OF OPERATION

DUODENAL ULCER

20. AUTOPSY?

YES ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

22. I hereby certify that I attended the deceased from 12-17, 1953 to 12-24, 1953, that I last saw the deceased alive on 12-23, 1953, and that death occurred at 12:30 AM from the causes and on the date stated above.

23A. SIGNATURE

Stephen J. Galla

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

12-24-53

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 26/53

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

24D. LOCATION (City, town, or county)

3900 Roland Ave Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

EC 261953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Justin E. Donovan

ADDRESS

3818 Roland Ave

VS 150

93010

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **53 11391**BIRTH NO. **53 11391****50-22643**1. NAME OF DECEASED
(Type or Print)

MARY ANN SMITH

2. DATE
OF
DEATH

Dec. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Provident Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1409 Bruce St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Oct 21, 1950

9. AGE (In years

last birthday)

3 yrs.

If Under 1 Year

Months: Days: Hours: Min.

12. CITIZEN OF

WHAT COUNTRY?

U. S. A

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Ther Smith

14. MOTHER'S MAIDEN NAME

Geraldine Patterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Geraldine Smith 1409 N. Bruce St.

18. **E 916.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia

DUE TO Carbon monoxide poisoning

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
home

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

1409 Bruce Street

21D. TIME (Month) (Day) (Year) (Hour)

Dec. 23, 1953

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Overcome by smoke from conflagration in home

22. I certify that I took charge of the remains described above, held an inspection & inquiry hereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

Dec. 24, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-27-53

24C. NAME OF CEMETERY OR CREMATORY

Richmond 2a

24D. LOCATION (City, town, or county)

2a

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

George S. Nelson

ADDRESS

1303 Prestman St

CERTIFICATE OF DEATH

1961

1. Name of Deceased		2. Sex		3. Race	
4. Date of Birth		5. Date of Death		6. Place of Birth	
7. Usual Residence		8. Cause of Death		9. Manner of Death	
10. Signature of Physician		11. Signature of Registrar		12. Signature of Informant	
13. Date of Entry		14. Place of Entry		15. Signature of Entry Clerk	

For Approval by Medical Examiner
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11392

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary MacLeod

2. DATE
OF
DEATH

12/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived before admission): residence
A. STATE

Maryland

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

35 Church Home and Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

8-06

c. Length of stay in Baltimore

7 1/2 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1600 E LANVALE Street

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11/6/1877

9. AGE (In years
last birthday)

76

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Zickler

14. MOTHER'S MAIDEN NAME

Mary Weibe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

MATTIE MACLEOD 1600 LANVALE ST

18. 332X and E-904.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

10 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

DUE TO

(C)

Pt. Fracture

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fracture - Neck of Right Femur

18 days

19A. DATE OF OPERATION

12/9/53

19B. MAJOR FINDINGS OF OPERATION

Open Reduction and Pinning of Above Fracture

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1600 E LANVALE Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

12/5/53

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

Pt. Slipped and Fell down

22. I hereby certify that I attended the deceased from 12/7, 1953 to 12/24, 1953 that I last saw the
deceased alive on 12/24, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. Reed Carroll M.D.

23B. ADDRESS

Church Home and Hospital

23C. DATE SIGNED

PE 2-4730

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12/26/53

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

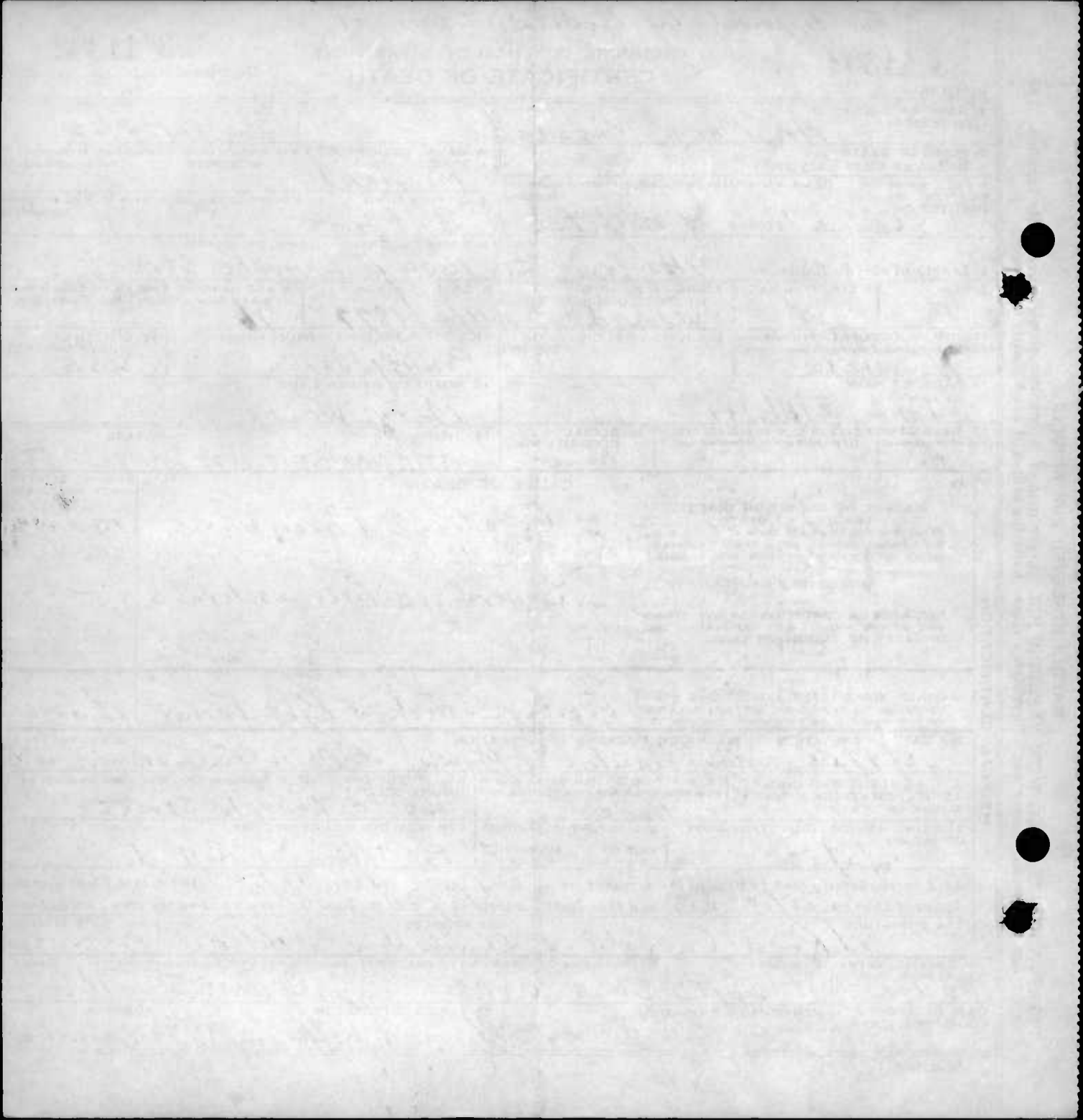
25. FUNERAL DIRECTOR

Clarence F. Hoffmann 1639 Broadway

ADDRESS

VS. 190

N-820.0



K-600 CERTIFICATE CORRECTED 1-15-54

53 11393

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 11393

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM M. T. KAROW

2. DATE
OF
DEATH

12/25/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

123 S. EAST AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE. 26-10

D. STREET ADDRESS (If rural, give location)

123 S. EAST AVE

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1887
AUG 11 - 18879. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MANAGER OF ARMISTEAD GARDENS

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS STIRLING F. FOWBLE 123 S. EAST AVE

18.

420.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

15 minutes

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

None

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

None

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from March 1953, to Dec. 25, 1953, that I last saw the
deceased alive on Dec. 16, 1953, and that death occurred at 10:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Carl Myers

23B. ADDRESS

14015-Todd Spring Lane Balt. 12. Dec. 26/53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12/29/53

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN CENT.

24D. LOCATION (City, town, or county)

BALTO. CO.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W. W.

25. FUNERAL DIRECTOR

ADDRESS

C. F. Hoffmann 1639 N. Broadway

1401
102
Cecil Spring Lane

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 11394BIRTH NO. 53 113941. NAME OF DECEASED
(Type or Print) Denese Damon2. DATE
OF
DEATH 12-25-533. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE MdB. FULL NAME OF
HOSPITAL OR
INSTITUTION South Baltimore Gen HospC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township) Baltimore 23-01c. Length of stay in Baltimore LifeD. STREET ADDRESS (If rural, give location)
1111 Race Street5. SEX
F6. COLOR OR RACE
C7. SINGLE, MARRIED,
WIDOWER, DIVORCED (Specify)
Child8. DATE OF BIRTH 7/13/539. AGE (In years
last birthday) 5If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
None10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Leo Damon

14. MOTHER'S MAIDEN NAME

Rose Mary Burley15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Rose Mary Damon - 1111 Race Street

ADDRESS

18. 492X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
12-25-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

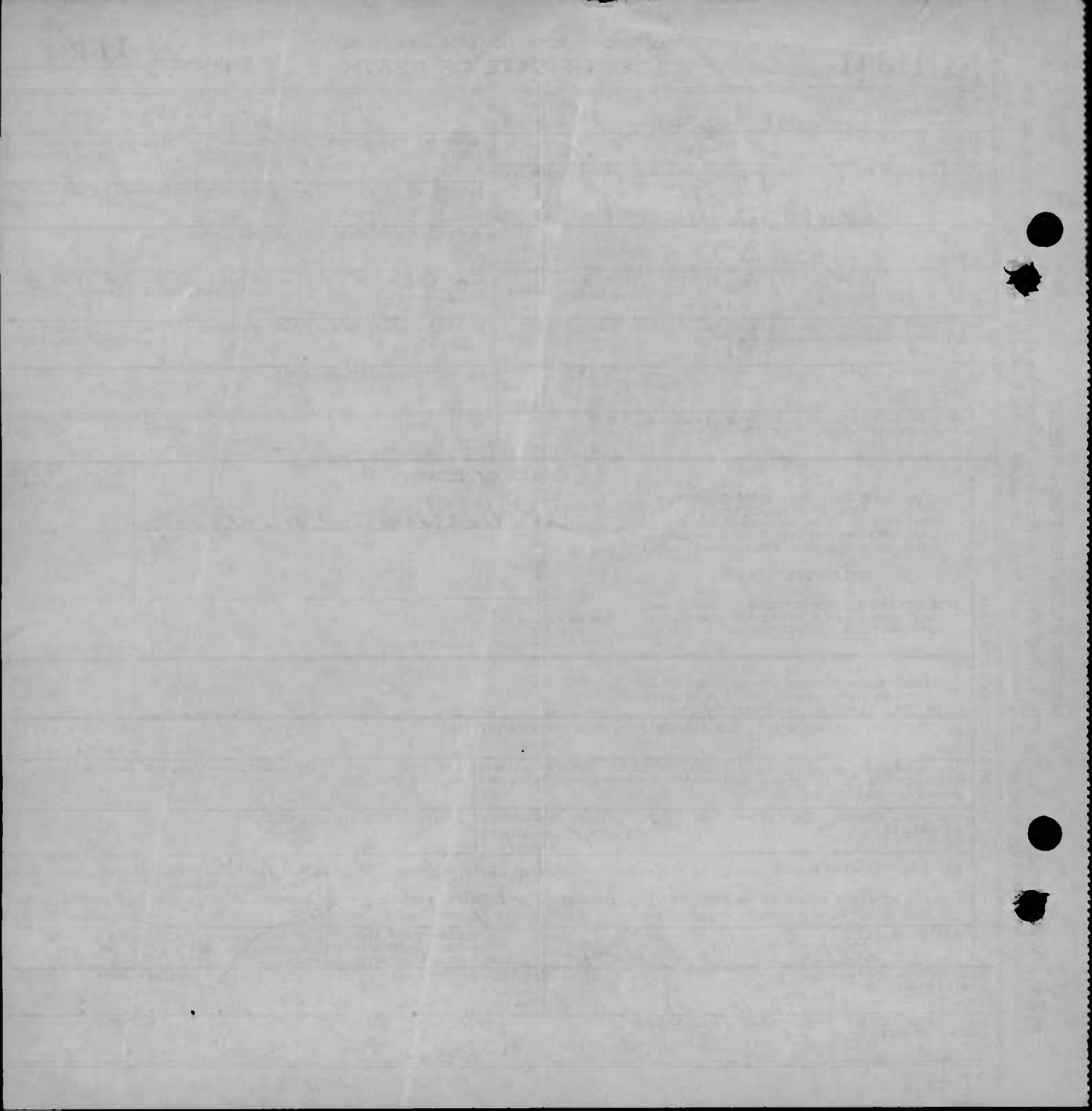
(State)

Burial12/28/53Magothy Church Ct.Magothy, A.A. Co., Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11395
Registered No.S-324
53 11395
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Albert Stigler		2. DATE OF DEATH 12-25-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Howard	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ellicott City	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-12-1919
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Kearns Transfer Co	9. AGE (In years last birthday) 34
13. FATHER'S NAME Joseph E Stigler		11. BIRTHPLACE (State or foreign country) Ellicott City, Md	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes (If yes, give year and dates of service) WWII		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. 7		14. MOTHER'S MAIDEN NAME Teresa A Mooney	
17. INFORMANT Teresa Stigler, Ellicott City, Md		ADDRESS	

18. **E916.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Crushing Injury of Chest**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **with Bilateral Pneumothorax**
DUE TO(C) **Fracture of Pelvis & RV Tibia**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Building21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Ellicott City, Maryland 630021D. TIME (Month) (Day) (Year) (Hour)
December 25, 195321E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐21F. HOW DID INJURY OCCUR?
fire
Injured by falling chimney while fighting22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE
William W. Higinbotham

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
12-25-5324A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
12-28-5324C. NAME OF CEMETERY OR CREMATORY
New Cathedral24D. LOCATION (City, town, or county) (State)
Baltimore, MdDATE RECEIVED BY LOCAL REGISTRAR
DEC 26 1953REGISTRAR'S SIGNATURE
William W. Higinbotham25. FUNERAL DIRECTOR
F.C. HiginbothamADDRESS
Ellicott City, Md

CENTRAL BANK OF INDIA

1950

1950

1950

1950

1950

1950

1950

1950

1950

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1950

1950

1950

1950

1950

1950

1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-522

53 11396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11396

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maria Cinquegrani

2. DATE
OF
DEATH Dec. 23, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE Maryland B. COUNTY BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or
location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

2401 Dumfries Court

Baltimore

C. Length of stay in Baltimore

50 Years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2401 Dumfries Court

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

Jan 11, 1860

9. AGE (In years,
last birthday)

93

10 Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anthony J. Cinquegrani 225 E. 33 rd St.

18.

447X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Generalized arteriosclerosis
with hypertension
scurility.

Years

ANTECEDENT CAUSES

DUE TO

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on Dec. 23, 1953, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Armanas

M. D.

23B. ADDRESS

1934 Wilkens Ave, Balto MD. Dec 26

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

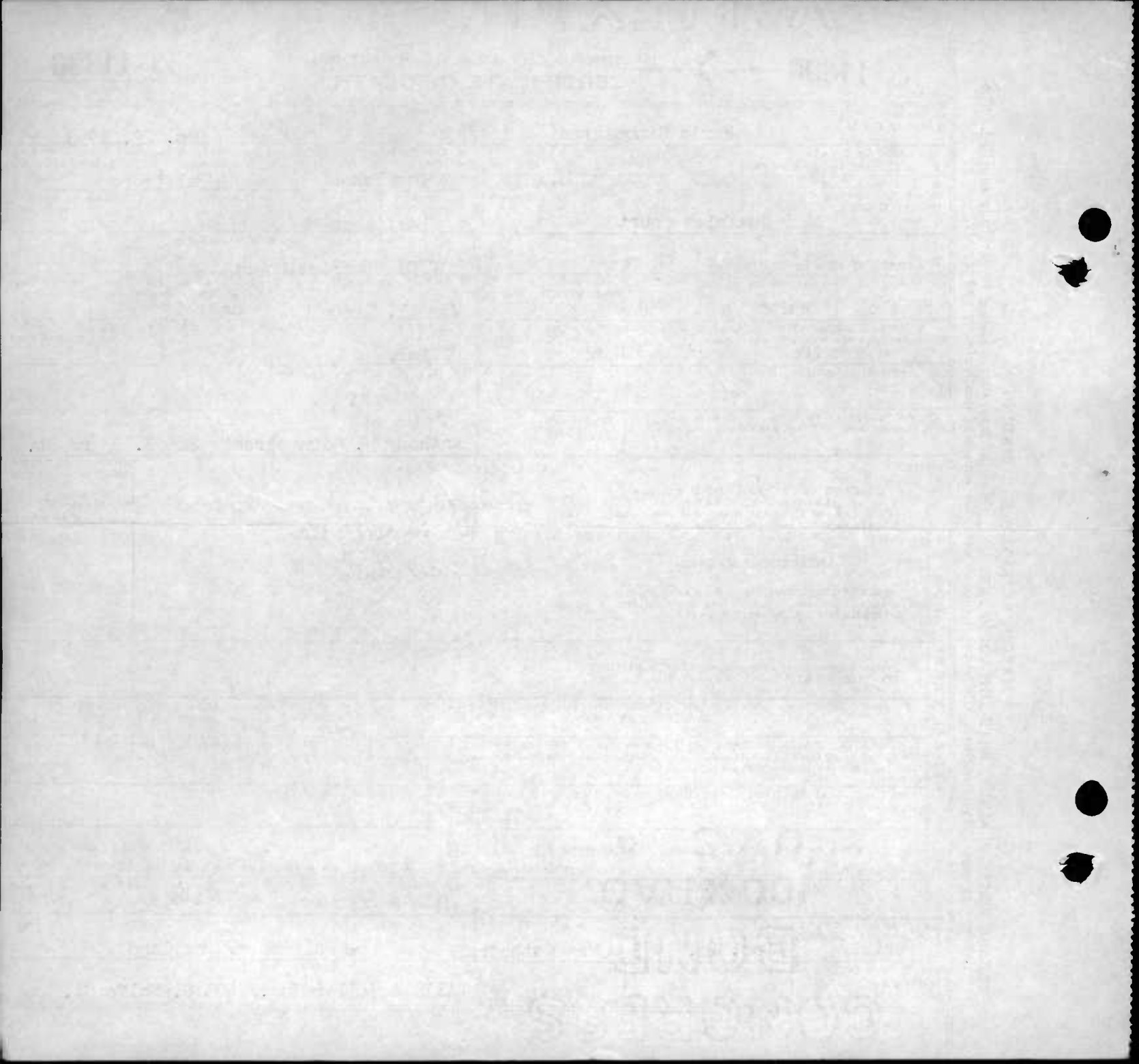
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler Inc., 403 S. Wolfe St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

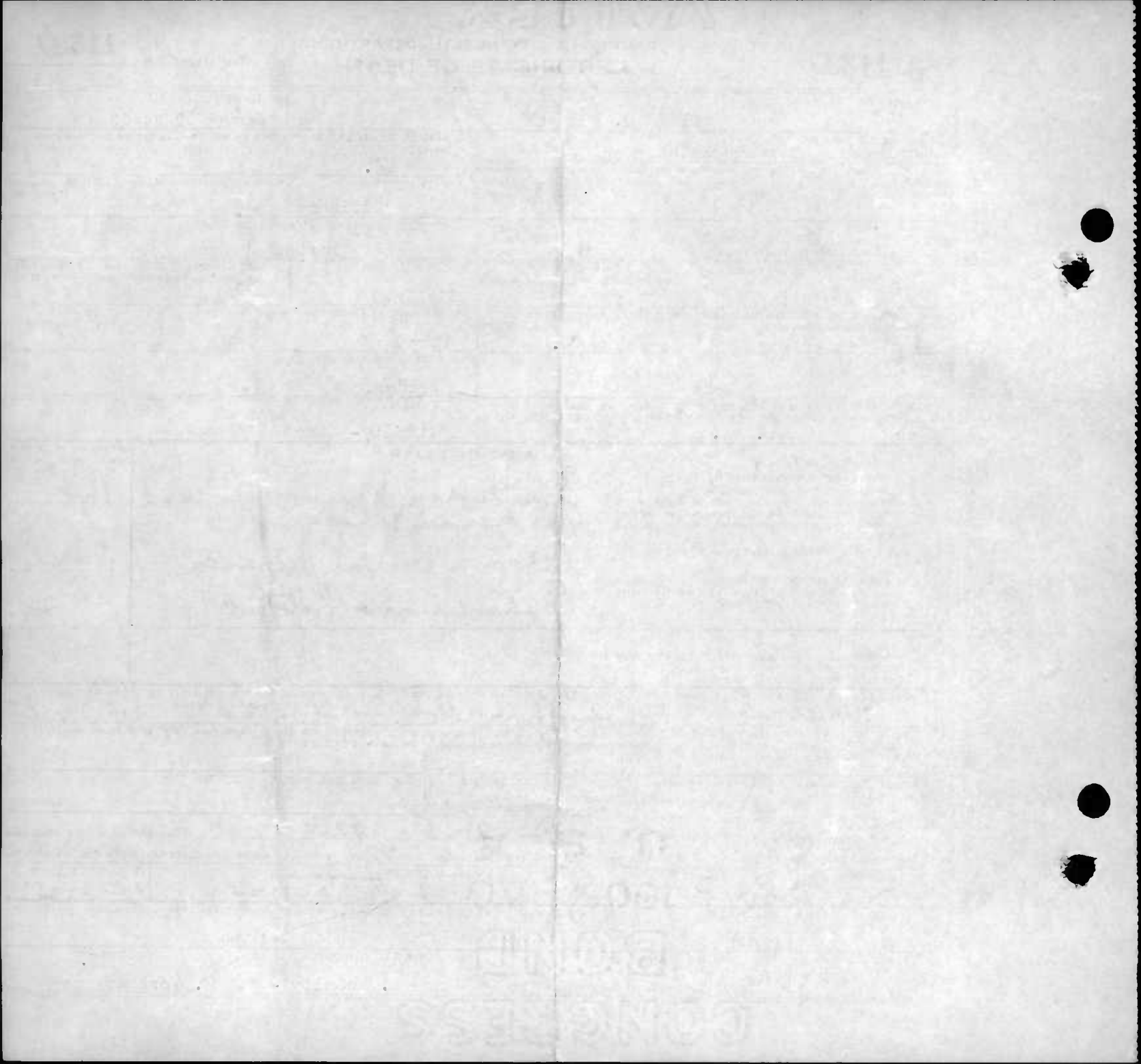
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11397
BIRTH NO.

53 11397
Registered No.

1. NAME OF DECEASED (Type or Print) PETER H. SCHEELER		2. DATE OF DEATH 12/24/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland 354I Horton Avenue B. FULL NAME OF HOSPITAL OR INSTITUTION 20		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 25-04 D. STREET ADDRESS (If rural, give location) 354I Horton Avenue	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 12/21/76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10B. KIND OF BUSINESS OR INDUSTRY Rogers & Co.	9. AGE (In years last birthday) 77
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? ?	
13. FATHER'S NAME Peter		14. MOTHER'S MAIDEN NAME Fredericka	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. Sp. Am.	
17. INFORMANT Family - Same		ADDRESS	
18. 420.1 and 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Arteriovenous Occlusion Peripheria DUE TO Vascular Collapse (B) Chronic Vascular Disease DUE TO Adenocarcinoma of Stomach (C) Adenocarcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH 1 hr 5 yrs 24 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 24 yrs ago		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED adenocarcinoma of stomach	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-5 19 42 to 12-24 , 19 53 , that I last saw the deceased alive on 12-23 , 19 53 , and that death occurred at 12:50 a.m. from the causes and on the date stated above.			
23A. SIGNATURE Leonard J. Hay		23B. ADDRESS 302 Paterson	
23C. DATE SIGNED 12-24-53		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 12/26/53	
24C. NAME OF CEMETERY OR CREMATORY Cedar Hill		24D. LOCATION (City, town, or county) (State) Baltimore	
25. FUNERAL DIRECTOR James L. McCully - 130 E. Fort Avenue		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR DEC 26 1953		REGISTRAR'S SIGNATURE Harington Williams	

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11398

BIRTH NO. 53 11398

1. NAME OF DECEASED
(Type or Print)

Charles Burnell Ditch

2. DATE
OF
DEATH

12-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Howard

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN

Ellicott City

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Shill St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 30-1909

9. AGE (In years
last birthday)

44

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR
INDUSTRYBuilding Industry
and Crane Riser

11. BIRTHPLACE (State or foreign country)

Catsville Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles B. Ditch

14. MOTHER'S MAIDEN NAME

Mary Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

Mrs. Dorothy Ditch

ADDRESS

Ellicott City

18. E916.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Crushing injury of Chest &

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Rupture of Spleen and
Massive intraperitoneal HemorrhageOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Skull Fracture

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Building

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Ellicott City, Maryland

6300

21D. TIME (Month) (Day) (Year) (Hour)

December 25, 1953

21E. INJURY OCCURRED

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

fire

Injured by falling wall while fighting

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Updegraff

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

12-25-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-29-53

24C. NAME OF CEMETERY OR CREMATORY

St. Johns

24D. LOCATION (City, town, or county)

Ellicott City

(State)

Ind

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

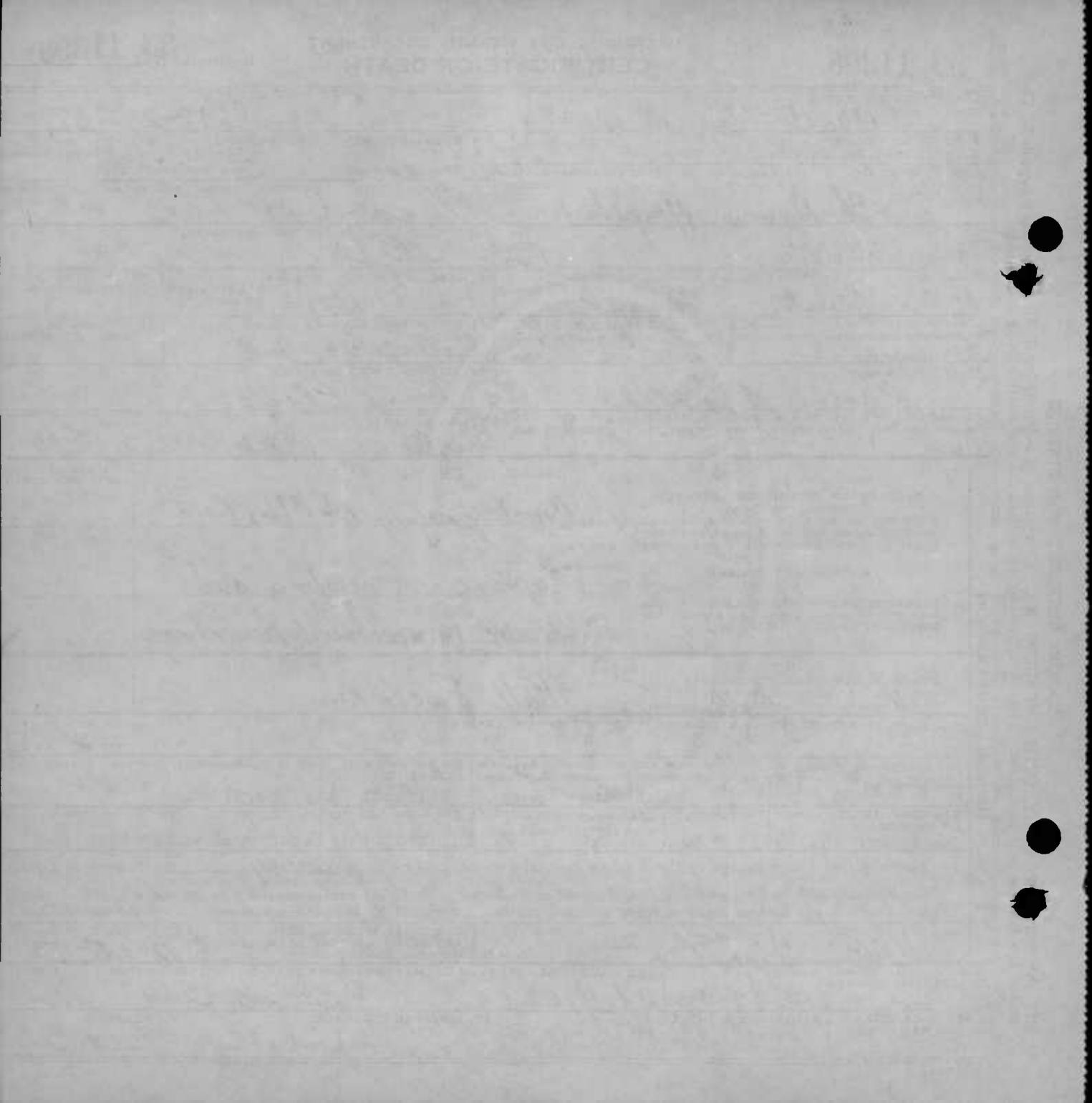
H. C. Higinbotham

25. FUNERAL DIRECTOR

H. C. Higinbotham

ADDRESS

Ellicott City



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 11399

Registered No.

53 11399

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Lentz

2. DATE
OF
DEATH **Dec 24 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **4402 Belle Ave**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4409 Belle Ave

c. Length of stay in Baltimore

Life Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov 15 1874

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Co Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Lentz

14. MOTHER'S MAIDEN NAME

Mary Wolf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Earl H Lentz 4402 Belle Ave

18. **470.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

4 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

**Arterio-sclerotic Cardio-
Vascular Disease**

- 5 yrs.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Intermittent - Rheumatis

2 weeks

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 14**, 1953, to **Dec. 24**, 1953, that I last saw the
deceased alive on **Dec. 24**, 1953, and that death occurred at **5:30 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

Earl L. Chambers

23B. ADDRESS

4108 Liberty Hts C.

23C. DATE SIGNED

12/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 28 1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 26 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry H. Brunson

ADDRESS

4204 Ridgewood Ave

000000

DEATH

Handwritten notes:
11/11/1911
11/11/1911

[Faint, mostly illegible text, likely bleed-through from the reverse side of the page. Some words like "DEATH" and "11/11/1911" are visible.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11400**BIRTH NO. **53 11400****53-15601**

1. NAME OF DECEASED (Type or Print) BARBARA ANN SYE			2. DATE OF DEATH Dec. 24, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 907 W. Lexington St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH July 6, 1953		9. AGE (In years last birthday) 5mo.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Clarence Sye			14. MOTHER'S MAIDEN NAME Callene Washington		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Clarence Sye 907 W. Lex St.	

18. **391.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Bilateral acute otitis media**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Dec. 24, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS **322 N**

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-11401

BIRTH NO. 53-31363

1. NAME OF DECEASED
(Type or Print)

BABY CARTER

2. DATE OF DEATH Dec. 22, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Baltimore City Hosp.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

1035 W. Mulberry St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

B. DATE OF BIRTH

Dec. 22, 1953

9. AGE (In years last birthday)

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Earl Carter

14. MOTHER'S MAIDEN NAME

Mal Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Carl Carter 942 W. Franklin St

18.

762.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fetal atelectasis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Joseph P. Jarling M.D.

23b. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23c. DATE SIGNED

Dec. 22, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 26 1953

Huntington Williams

Mrs Kate R Williams Schroeder

322 N

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

SEX AND AGE

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 11402**
53 11402

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

George B. Kennard

 2. DATE
OF
DEATH

Dec. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

 B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1322 McCulloh St.

 C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore
11-04

D. STREET ADDRESS (If rural, give location)

1322 McCulloh St.

c. Length of stay in Baltimore

 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 24, 1866

 9. AGE (In years
last birthday)

87

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

 10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Porter

 10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

 12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Kennard

14. MOTHER'S MAIDEN NAME

Lutrice Lowden

 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

 16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mamie Kennard 1322 McCulloh St

18.

472.1 I

CAUSE OF DEATH

 DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

 (A) ...
DUE TO

Coronary Vasculature

 INTERVAL BETWEEN
ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

 DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

 (B) ...
DUE TO

Arteriosclerosis
Unknown

(C) ...

II

 OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

 21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

 21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

 21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

 21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

 WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **Nov. 20, 1953**, to **Dec. 24, 1953**, that I last saw the
deceased alive on **Dec. 24, 1953**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Dr. H. H. Davis M.D.

M. O.

23B. ADDRESS

1202 N. Center St.

23C. DATE SIGNED

12/26/53

 24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-28-53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Balto. Co., Md.

(State)

 DATE RECEIVED BY
LOCAL REGISTRAR

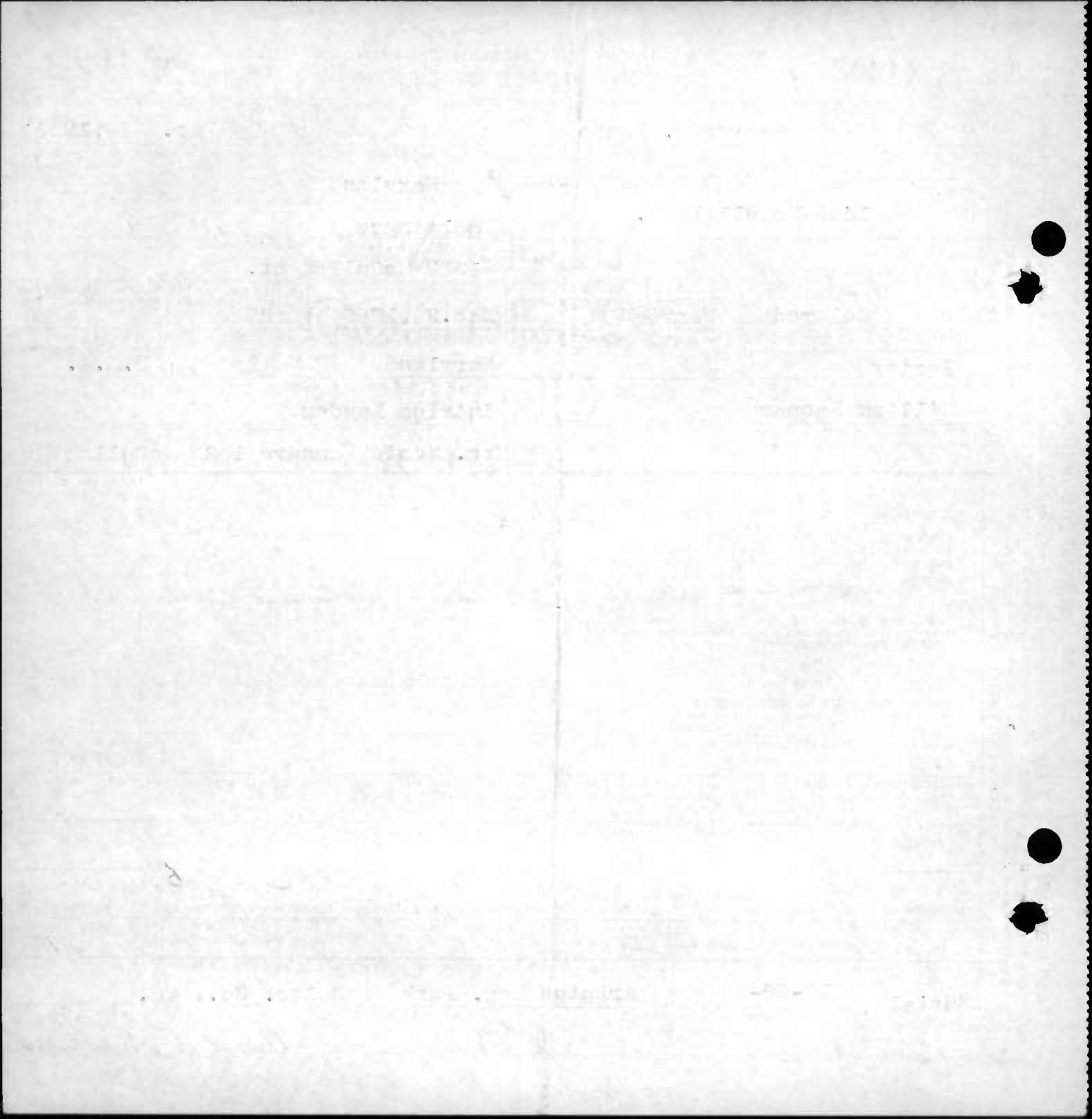
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 26 1953
H. H. Davis
Miss Frances A. Hendry
578 W. Biddle St.

VS 150



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

H-610

53 11403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11403
Registered No.

1. NAME OF DECEASED (Type or Print) Edith Harvey		2. DATE OF DEATH Dec 24, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF (If not in hospital or institution, give street address or location) 822 N. Carrollton Ave.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 822 N. Carrollton Ave.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		11. BIRTHPLACE (State or foreign country) Maryland	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT N.M. Carroll Aged Home N. Carroll		ADDRESS 822	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardiovascular Disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from JAN , 1953 to DEC 24 , 1953, that I last saw the deceased alive on DEC 24 , 1953, and that death occurred at 4:00 A.M. , from the causes and on the date stated above.		
23a. SIGNATURE Thomas W. Harris	23b. ADDRESS 1824 N. Franklin St.	23c. DATE SIGNED Dec 26, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-26-53	24c. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park
24d. LOCATION (City, town, or county) Balto. Co., Md.		
DATE RECEIVED BY LOCAL REGISTRAR DEC 26 1953	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Matthew A. Hunsley
		ADDRESS 598 W. Biddle St.

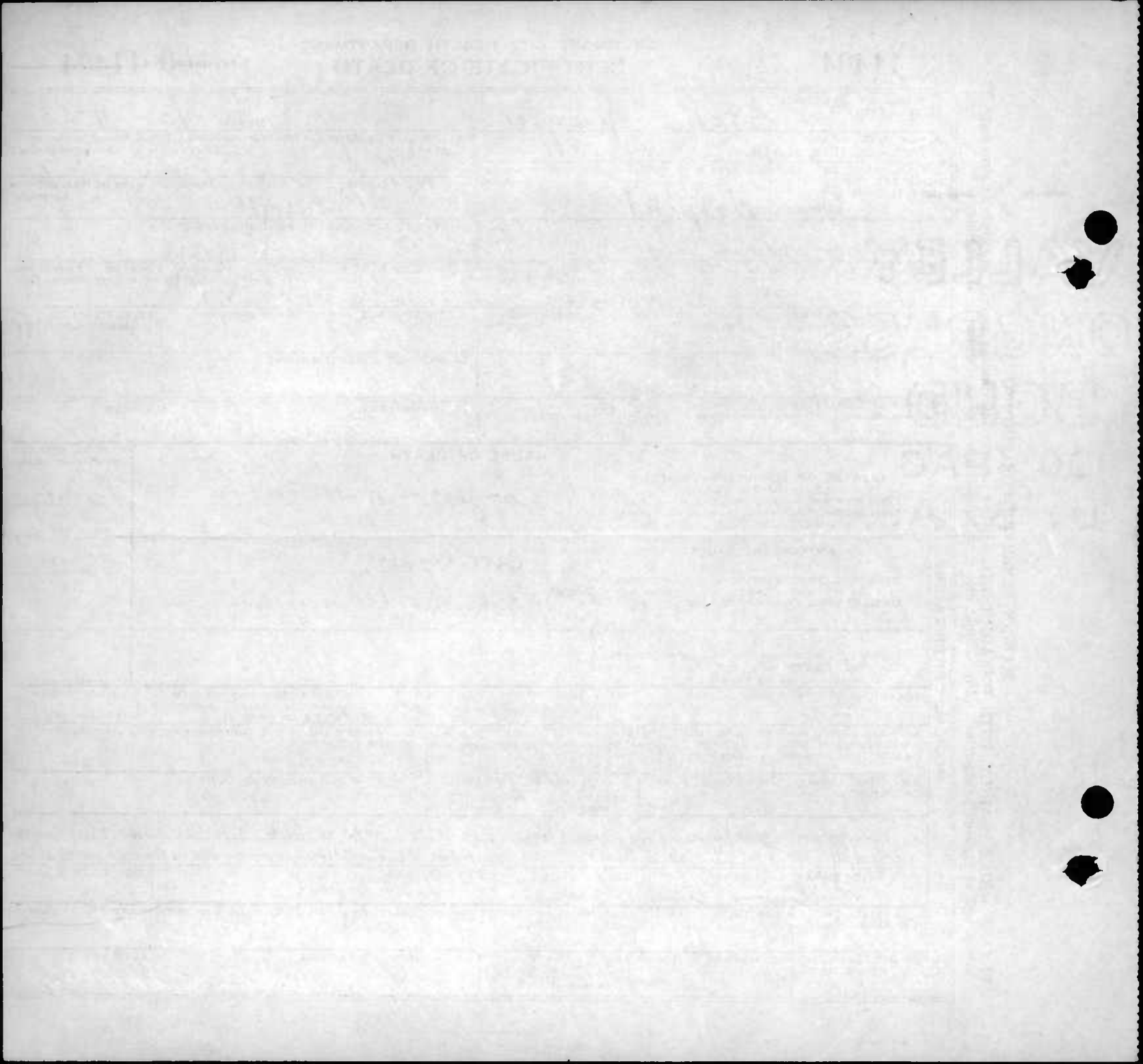
WILEY
PRESS
AND

Vol. 1, No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53-11404	
1. NAME OF DECEASED (Type or Print) Stella Kaylor				2. DATE OF DEATH 12-24-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Univ. Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pikesville 53-00	
C. Length of stay in Baltimore 2 Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) Orchard Rd	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 20-1902	9. AGE (In years last birthday) 51	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Andrew Farlow		
14. MOTHER'S MAIDEN NAME MARtha ELLEN SHERMAN			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS LEROY F. FARLOW - HOME CITY, PA.		
18. 200.0 CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)					
(A) Congestive Heart failure DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(B) Carcinoma testis DUE TO					
(C) Reticulo cell neoplasm					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION None		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-22 , 19 53 , to 12-24 , 19 53 that I last saw the deceased alive on 12-24 , 19 53 and that death occurred at 11 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE William A. Tyson M.D.		23B. ADDRESS Univ. Hosp.		23C. DATE SIGNED 12-24-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/26/53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) PIKESVILLE, MD		25. FUNERAL DIRECTOR ADDRESS Frank H. Newell - Pikesville, Md			
DATE RECEIVED BY LOCAL REGISTRAR DEC 26 1953		REGISTRAR'S SIGNATURE William A. Tyson			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-320

53 11405

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11405
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		KATIE A. WATTS		Dec. 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location)			A. STATE Md.		
100 W. Belvedere Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-12		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 100 W. Belvedere Ave.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days
female	white	widowed	Nov. 10, 1869	84	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Housewife			Maryland		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Thomas J. Jones			Elizabeth Brave		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS
no			no		Mr. Curtis C. Watts-5517 Roland Ave.
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES			(A) Coronary Thrombosis		1 day
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Arterio Sclerosis		3 yrs.
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb-6, 1953 to Dec 25, 1953, that I last saw the deceased alive on Dec 23, 1953, and that death occurred at 4:30 A. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
E. G. Hall M.D.		1631 E. North Ave.		Dec 26-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		12/28/53		Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State)		24E. NAME OF FUNERAL DIRECTOR		24F. ADDRESS	
Pikesville, Md.		J. Pickner & Sons		Balto. 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			
DEC 26 1953		Huntington Williams			
VS 150					

7011107

OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK

11107

IN SENATE
JANUARY 11, 1961
REPORT
OF THE
COMMISSIONER OF THE
DEPARTMENT OF
CORRECTIONS
AND
JAIL HOUSES

FOR THE
YEAR
1960
BOND
COMMISSION
WATLEY

WATLEY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

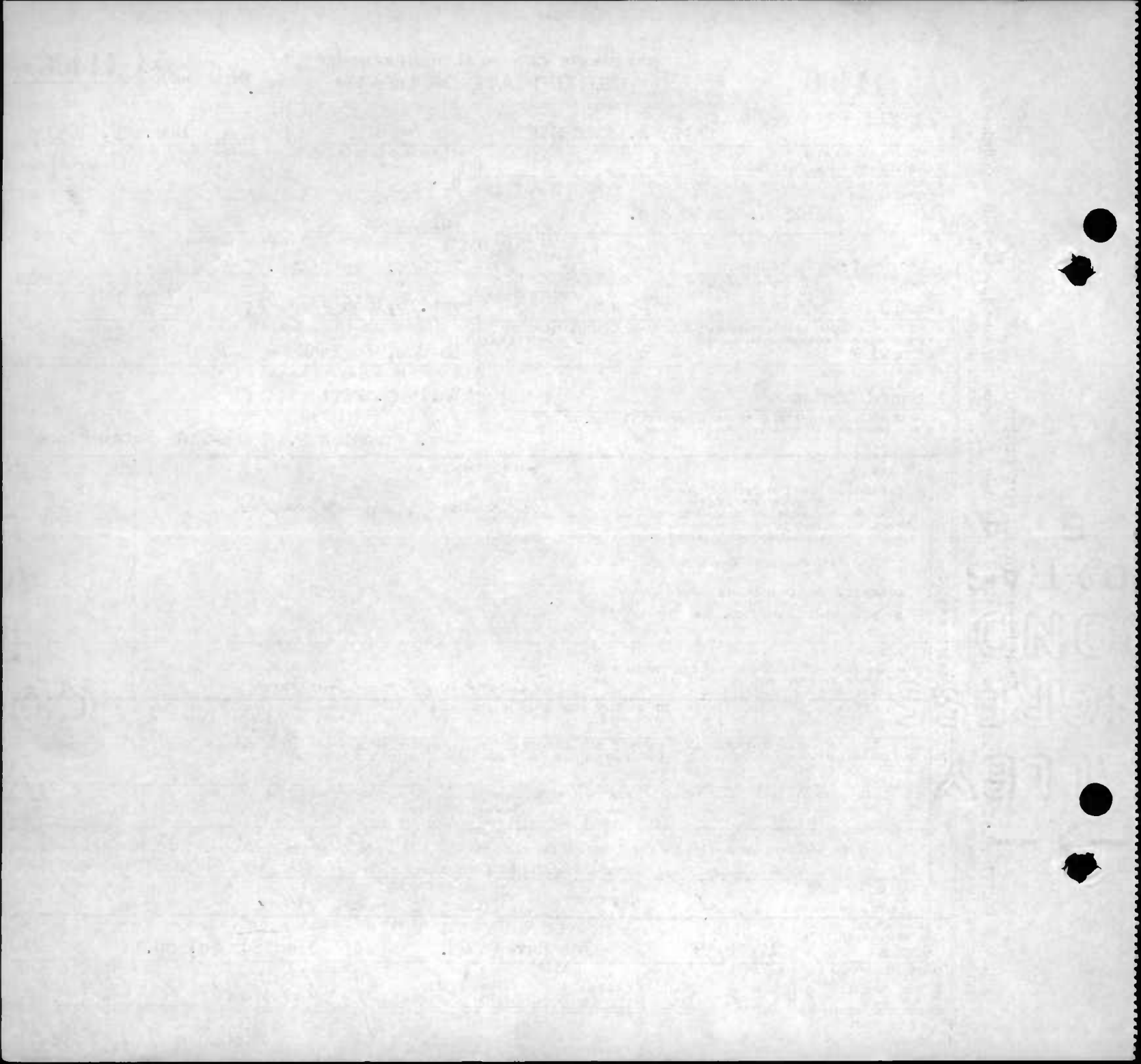
A-536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11406

53 11406
BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMILY A. ANDERSON			2. DATE OF DEATH Dec. 25, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2425 W. North Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-03		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2425 W. North Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 16, 1866		9. AGE (In years last birthday) 87
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) London, England
12. FATHER'S NAME Richard Groves			13. MOTHER'S MAIDEN NAME Emily A. Pitt		
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			15. SOCIAL SECURITY NO.		
16. INFORMANT Mrs. Veronica L. Moore-2408 Eutaw Place			ADDRESS		
18. 331X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO (A) Cerebral hemorrhage (B) (C) INTERVAL BETWEEN ONSET AND DEATH 1 wk					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus 10 yrs.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		20B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. TIME (Month) (Day) (Year) (Hour) OF INJURY		21B. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21C. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 1 , 1953, to Dec. 25 , 1953, that I last saw the deceased alive on Dec. 23 , 1953, and that death occurred at 2 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Abraham B. Hurwitz		23B. ADDRESS M. D. 2200 Garrison Bldg.		23C. DATE SIGNED Dec. 26, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/28/53		24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cem.	
24D. LOCATION (City, town, or county) (State) Glen Burnie, Md.		DATE RECEIVED BY LOCAL REGISTRAR DEC 26 1953		REGISTRAR'S SIGNATURE Huntington Williams	
VS 150		25. FUNERAL DIRECTOR Thos. J. Pickner & Sons		ADDRESS Balto 17, Md.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

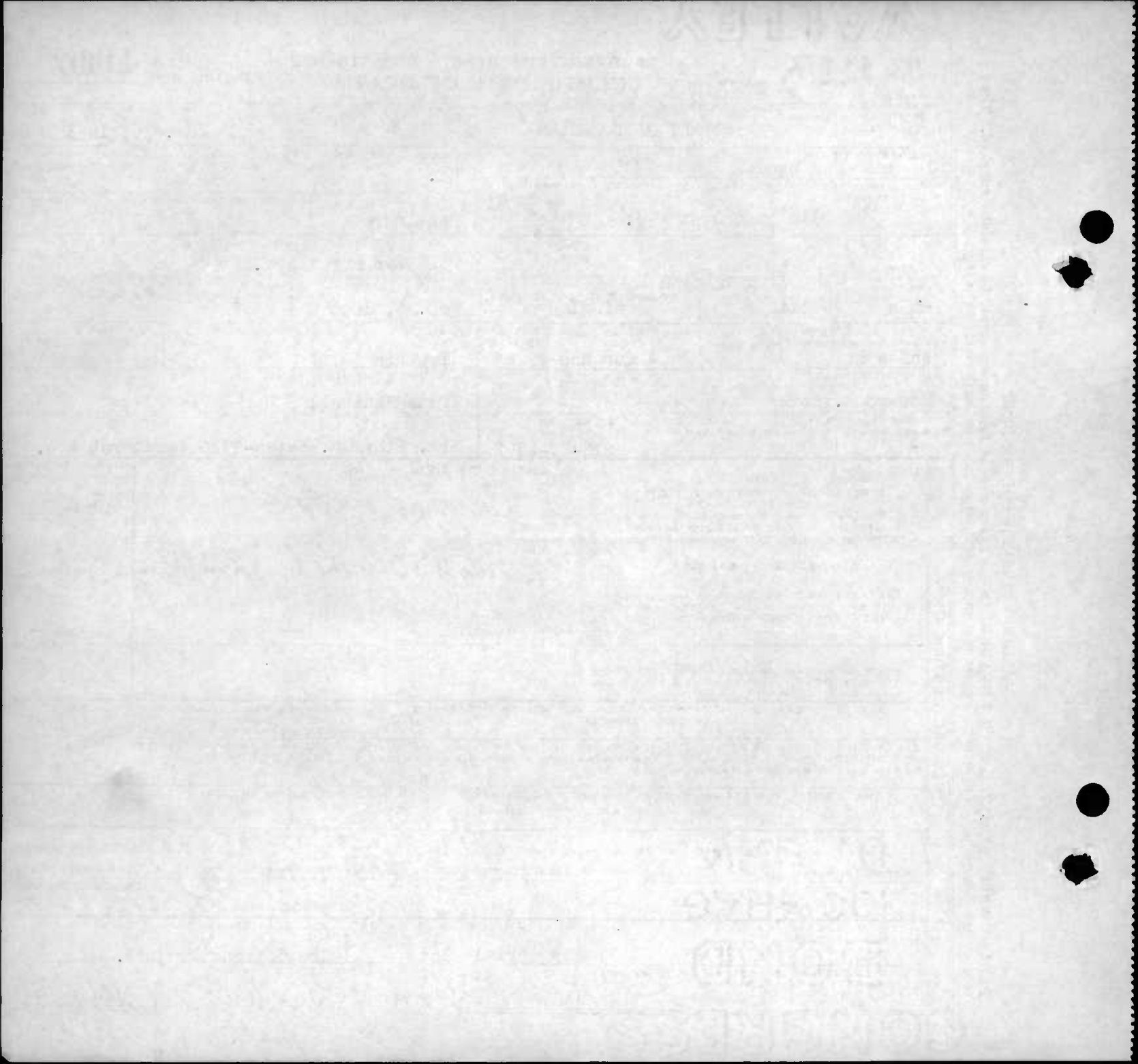
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11407 Registered No. 53 11407

BIRTH NO. 53 11407

1. NAME OF DECEASED (Type or Print) ROBERT MARCO ESTES		2. DATE OF DEATH Dec. 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE MD. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2310 Lyndhurst Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2310 Lyndhurst Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 6, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY Insurance	9. AGE (In years last birthday) 67 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Edward L. Estes		14. MOTHER'S MAIDEN NAME Irene Shutwell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) - (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-07-8752	
17. INFORMANT Mrs. Ethyl B. Estes		ADDRESS 2310 Lyndhurst Ave.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cardiac Infarctus DUE TO Arteriosclerotic Cardiac Disease DUE TO Arteriosclerotic Cardiac Disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3h 3yr	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1-1950 to 12-25-1953 , that I last saw the deceased alive on 12-25-1953 , and that death occurred at 1:30 P. M. , from the causes and on the date stated above.			
23A. SIGNATURE Edward J. Warrum		23B. ADDRESS 2604 Garrison Rd.	23C. DATE SIGNED 12-26-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 12/25/53	24C. NAME OF CEMETERY OR CREMATORY Family Burial Plot	24D. LOCATION (City, town, or county) (State) Charlottesville, Va.
DATE RECEIVED BY LOCAL REGISTRAR DEC 26 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Vickner & Sons 450 23 Baeto 17, Md.	

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11408****53 11408**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Nellie Carroll*2. DATE
OF
DEATH*12-24-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

(before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*3970 Dolfield Blvd*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 28-41

D. STREET ADDRESS (If rural, give location)

3970 Dolfield Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JAN. 22, 1922

9. AGE (in years,

last birthday)

76

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*HOUSEWIFE*10B. KIND OF BUSINESS OR
INDUSTRY*retired AT HOME*

11. BIRTHPLACE (State or foreign country)

*MARYLAND*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

DAVID M SINTYRE

14. MOTHER'S MAIDEN NAME

*MARY ELLEN BARNES*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*NO*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. Nona Rodier - 3970 Dolfield Blvd

18.

584X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

*Cerebral Thrombosis**1 day*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

*Cerebral sclerosis**3 years*

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Cholelithiasis*

19A. DATE OF OPERATION

11-20-53

19B. MAJOR FINDINGS OF OPERATION

Small Gallbladder

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1934*, 19__, to *12-24-53*, 19__, that I last saw the
deceased alive on *12-22-*, 19*53*, and that death occurred at *9 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

C. M. Peake

23B. ADDRESS

4505 Harvard Road

23C. DATE SIGNED

*12-26-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*BURIAL*

24B. DATE

12/28/53

24C. NAME OF CEMETERY OR CREMATORY

LODGE PARK CEM.

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*DEC 26 1953*

REGISTRAR'S SIGNATURE

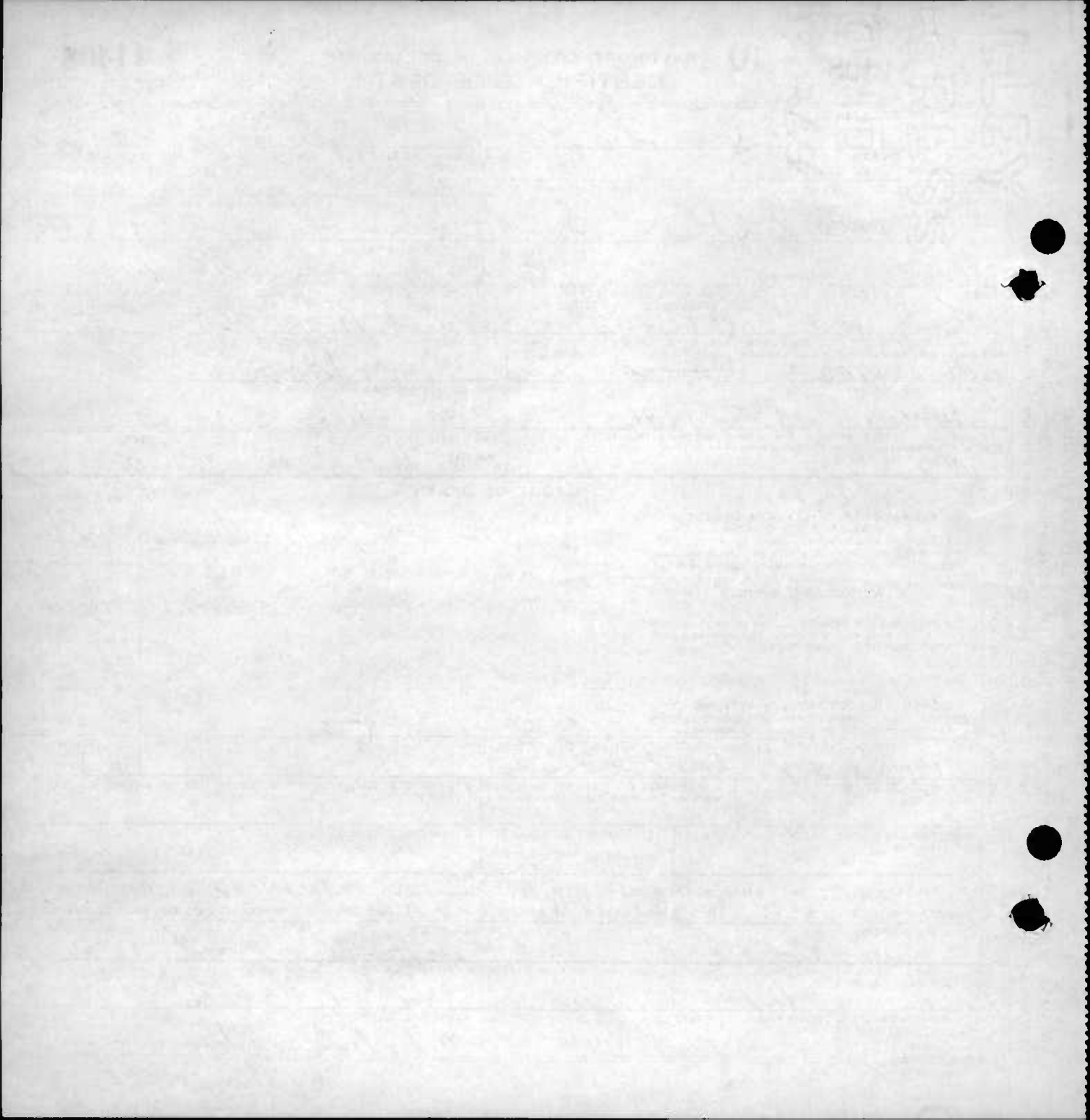
Wm. J. Williams

25. FUNERAL DIRECTOR

Wm. J. Tiekman & Son

ADDRESS

Balto - 17-Md.

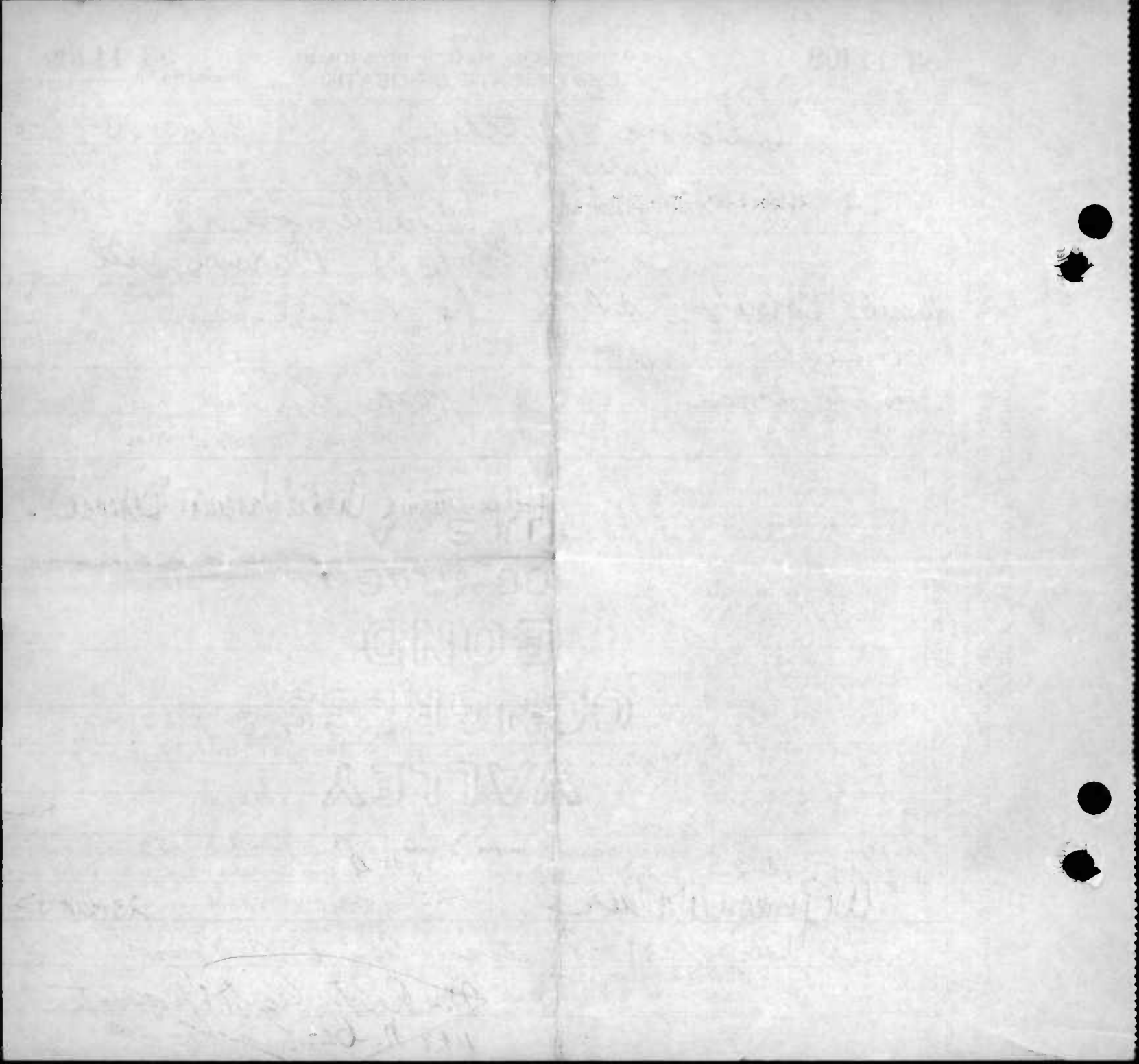


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-324
53 11409BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11409
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Eleanora Mitchell</i>		2. DATE OF DEATH <i>Dec-23-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Oalew 4</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-04</i>			
c. Length of stay in Baltimore <i>30 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1635 Barnes St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.P.</i>	8. DATE OF BIRTH <i>5-5-1893</i>	9. AGE (In years last birthday) <i>60</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ta</i>	
13. FATHER'S NAME <i>Joseph Jones</i>		14. MOTHER'S MAIDEN NAME <i>Betty Nixon</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH <i>Hypertensive Cardiovascular Disease</i> INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-20-1953</i> to <i>12-23, 1953</i> , that I last saw the deceased alive on <i>12-23, 1953</i> and that death occurred at <i>9:35</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. Gordon Walker</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>23 Dec 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 26/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>G. G. County Md</i>		25. FUNERAL DIRECTOR <i>Mrs. R. H. Clifton & Daughter</i>		26. ADDRESS <i>1149 N. Barnes St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>12-26-1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 11410

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edgar R. Via

2. DATE
OF
DEATH

12-26-53

3. PLACE OF DEATH

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

Md. Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland Gen Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-01

D. STREET ADDRESS (If rural, give location)

1533 Eutaw Rd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)It Under 1 Year
Months: Days
It Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21a. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....

23c. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....

M.D.

MEDICAL INVESTIGATOR.....

12-26-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

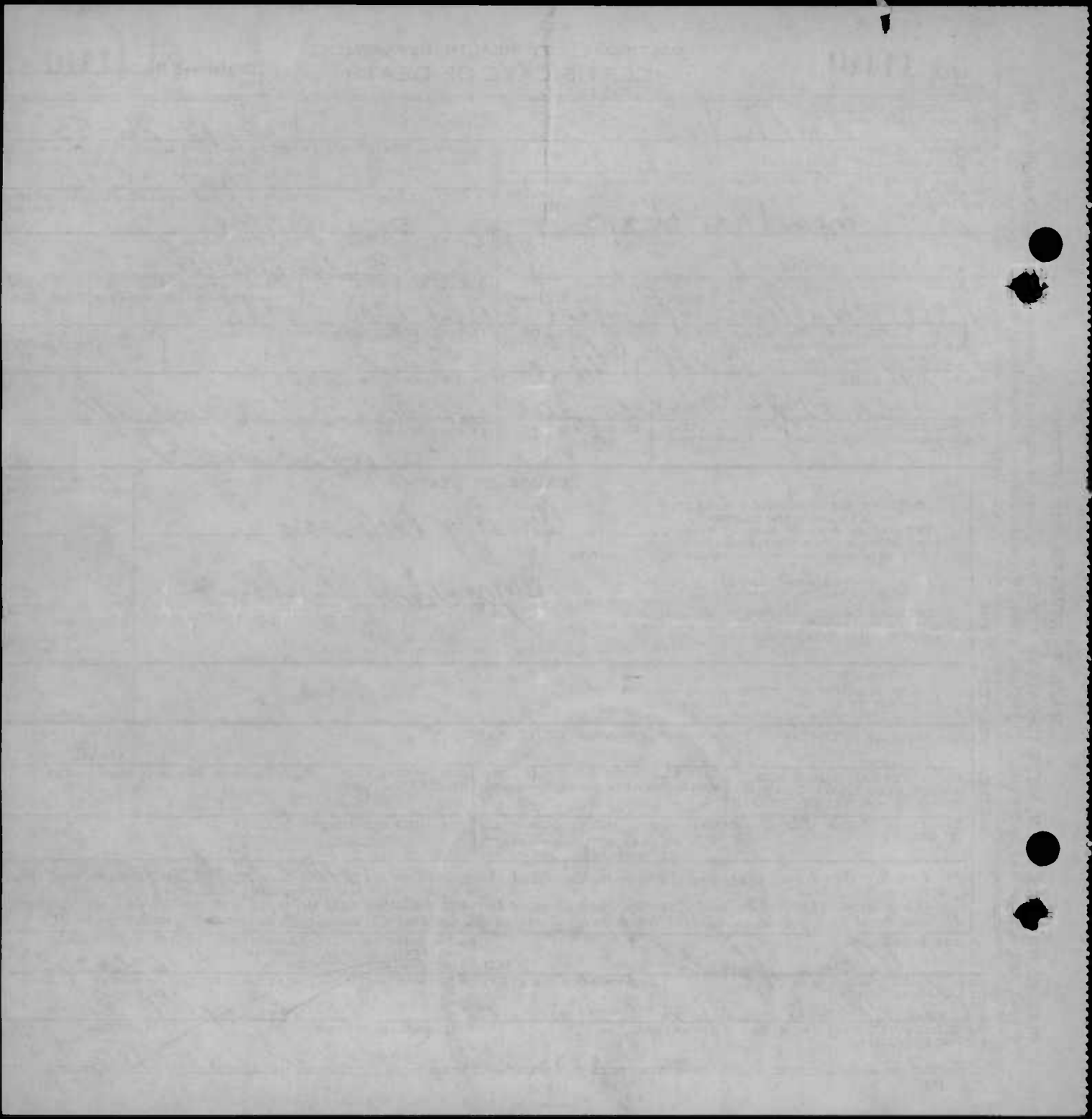
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 11411

53 11411

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Coale Dugan

2. DATE
OF
DEATH

Dec-25-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

124 W. Lanvale St. Baltimore City

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

at home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

less

D. STREET ADDRESS (If rural, give location)

124 W. Lanvale St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. BIRTHPLACE (State or foreign country)

11. CITIZEN OF WHAT COUNTRY?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. ADDRESS

19. DATE OF OPERATION

20. AUTOPSY?

21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

22. I hereby certify that I attended the deceased from 1950, to Dec 25, 1953, that I last saw the deceased on Nov 10, 1953, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

23. SIGNATURE

24. DATE

25. NAME OF CEMETERY OR CREMATORY

26. LOCATION (City, town, or county)

27. DATE RECEIVED BY LOCAL REGISTRAR

28. REGISTRAR'S SIGNATURE

29. FUNERAL DIRECTOR

30. ADDRESS

31. DATE RECEIVED BY LOCAL REGISTRAR

32. REGISTRAR'S SIGNATURE

33. FUNERAL DIRECTOR

34. ADDRESS

35. DATE RECEIVED BY LOCAL REGISTRAR

36. REGISTRAR'S SIGNATURE

37. FUNERAL DIRECTOR

38. ADDRESS

39. DATE RECEIVED BY LOCAL REGISTRAR

40. REGISTRAR'S SIGNATURE

41. FUNERAL DIRECTOR

42. ADDRESS

43. DATE RECEIVED BY LOCAL REGISTRAR

44. REGISTRAR'S SIGNATURE

45. FUNERAL DIRECTOR

46. ADDRESS

47. DATE RECEIVED BY LOCAL REGISTRAR

48. REGISTRAR'S SIGNATURE

49. FUNERAL DIRECTOR

50. ADDRESS

51. DATE RECEIVED BY LOCAL REGISTRAR

52. REGISTRAR'S SIGNATURE

53. FUNERAL DIRECTOR

54. ADDRESS

55. DATE RECEIVED BY LOCAL REGISTRAR

56. REGISTRAR'S SIGNATURE

57. FUNERAL DIRECTOR

58. ADDRESS

59. DATE RECEIVED BY LOCAL REGISTRAR

60. REGISTRAR'S SIGNATURE

61. FUNERAL DIRECTOR

62. ADDRESS

63. DATE RECEIVED BY LOCAL REGISTRAR

64. REGISTRAR'S SIGNATURE

65. FUNERAL DIRECTOR

66. ADDRESS

67. DATE RECEIVED BY LOCAL REGISTRAR

68. REGISTRAR'S SIGNATURE

69. FUNERAL DIRECTOR

70. ADDRESS

71. DATE RECEIVED BY LOCAL REGISTRAR

72. REGISTRAR'S SIGNATURE

73. FUNERAL DIRECTOR

74. ADDRESS

75. DATE RECEIVED BY LOCAL REGISTRAR

76. REGISTRAR'S SIGNATURE

77. FUNERAL DIRECTOR

78. ADDRESS

79. DATE RECEIVED BY LOCAL REGISTRAR

80. REGISTRAR'S SIGNATURE

81. FUNERAL DIRECTOR

82. ADDRESS

83. DATE RECEIVED BY LOCAL REGISTRAR

84. REGISTRAR'S SIGNATURE

85. FUNERAL DIRECTOR

86. ADDRESS

87. DATE RECEIVED BY LOCAL REGISTRAR

88. REGISTRAR'S SIGNATURE

89. FUNERAL DIRECTOR

90. ADDRESS

91. DATE RECEIVED BY LOCAL REGISTRAR

92. REGISTRAR'S SIGNATURE

93. FUNERAL DIRECTOR

94. ADDRESS

95. DATE RECEIVED BY LOCAL REGISTRAR

96. REGISTRAR'S SIGNATURE

97. FUNERAL DIRECTOR

98. ADDRESS

99. DATE RECEIVED BY LOCAL REGISTRAR

100. REGISTRAR'S SIGNATURE

101. FUNERAL DIRECTOR

102. ADDRESS

103. DATE RECEIVED BY LOCAL REGISTRAR

104. REGISTRAR'S SIGNATURE

105. FUNERAL DIRECTOR

106. ADDRESS

107. DATE RECEIVED BY LOCAL REGISTRAR

108. REGISTRAR'S SIGNATURE

109. FUNERAL DIRECTOR

110. ADDRESS

111. DATE RECEIVED BY LOCAL REGISTRAR

112. REGISTRAR'S SIGNATURE

113. FUNERAL DIRECTOR

114. ADDRESS

115. DATE RECEIVED BY LOCAL REGISTRAR

116. REGISTRAR'S SIGNATURE

117. FUNERAL DIRECTOR

118. ADDRESS

119. DATE RECEIVED BY LOCAL REGISTRAR

120. REGISTRAR'S SIGNATURE

121. FUNERAL DIRECTOR

122. ADDRESS

123. DATE RECEIVED BY LOCAL REGISTRAR

124. REGISTRAR'S SIGNATURE

125. FUNERAL DIRECTOR

126. ADDRESS

127. DATE RECEIVED BY LOCAL REGISTRAR

128. REGISTRAR'S SIGNATURE

129. FUNERAL DIRECTOR

130. ADDRESS

131. DATE RECEIVED BY LOCAL REGISTRAR

132. REGISTRAR'S SIGNATURE

133. FUNERAL DIRECTOR

134. ADDRESS

135. DATE RECEIVED BY LOCAL REGISTRAR

136. REGISTRAR'S SIGNATURE

137. FUNERAL DIRECTOR

138. ADDRESS

139. DATE RECEIVED BY LOCAL REGISTRAR

140. REGISTRAR'S SIGNATURE

141. FUNERAL DIRECTOR

142. ADDRESS

143. DATE RECEIVED BY LOCAL REGISTRAR

144. REGISTRAR'S SIGNATURE

145. FUNERAL DIRECTOR

146. ADDRESS

147. DATE RECEIVED BY LOCAL REGISTRAR

148. REGISTRAR'S SIGNATURE

149. FUNERAL DIRECTOR

150. ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

PERMANENT CAUSE

TEMPORARY CAUSE

ACUTE CAUSE

CHRONIC CAUSE

INFECTIOUS CAUSE

NON-INFECTIOUS CAUSE

TRAUMATIC CAUSE

TOXIC CAUSE

PHYSICAL CAUSE

MENTAL CAUSE

OTHER CAUSE

DATE OF BURIAL

PLACE OF BURIAL

NAME OF BURIAL PLACE

NAME OF MINISTER

NAME OF WITNESS

NAME OF REGISTRAR

NAME OF CLERK

NAME OF ASSISTANT

NAME OF DEPUTY

NAME OF SHERIFF

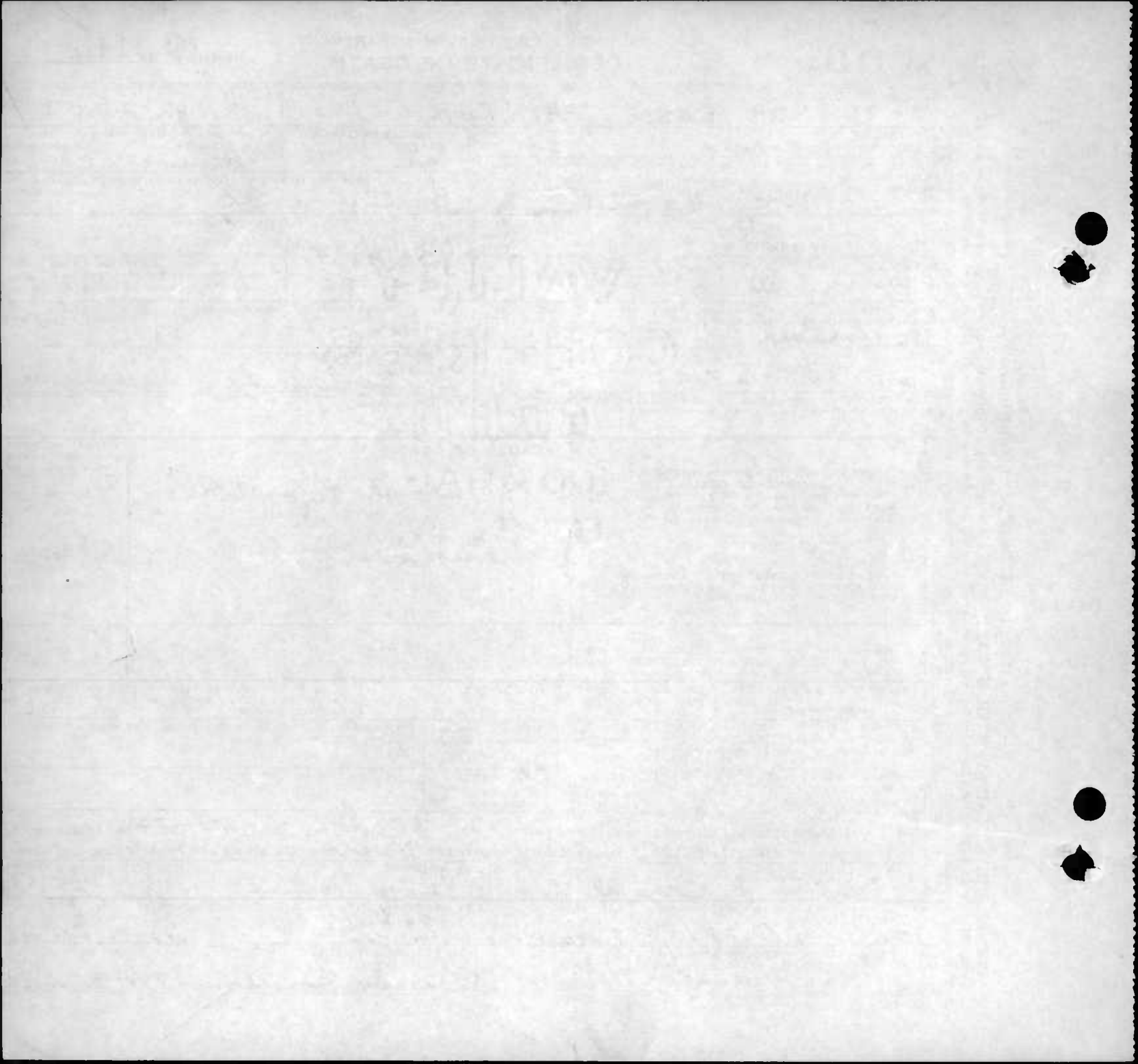
NAME OF JUDGE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11412
Registered No.

1. NAME OF DECEASED (Type or Print) MRS. SUSIE PAINTER		2. DATE OF DEATH 12-25-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore City Co.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20 MIDDLE RIVER	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 705 Wampler Rd.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10-9-80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 73
11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Daniel Jenkins		14. MOTHER'S MAIDEN NAME Barbara Anne Prince	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Self		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH at least 2 wks.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic CVD		Unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION None	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-21, 1953 , to 12-25, 1953 , that I last saw the deceased alive on 12-24, 1953 , and that death occurred at 7:30am. , from the causes and on the date stated above.			
23A. SIGNATURE Charles F. Carroll, Jr.		23B. ADDRESS Mercy Hospital	23C. DATE SIGNED 12-25-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/28/53	24C. NAME OF CEMETERY OR CREMATORY Balair Memorial Cem	24D. LOCATION (City, town, or county) (State) Harford Co Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 26 1953	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR Lansdown Funeral Home 7401 Balair Rd	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11413
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elmer A Vogts

2. DATE
OF
DEATH

Dec 26-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md Balto

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

6811. Rosemont Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Raspensburg 27-05

D. STREET ADDRESS (If rural, give location)

6811. Rosemont Ave

c. Length of stay in Baltimore

Life Mos. Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 7-1890

9. AGE (In years last birthday)

63

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

nd school for the Blind

11. BIRTHPLACE (State or foreign country)

Balto City Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Andrew Vogts

14. MOTHER'S MAIDEN NAME

Emma J. Winterling

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Elmer A Vogts 6811 Rosemont Ave

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

Coronary occlusion 6 months
hypertensive vascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 1953 to Dec 1953, that I last saw the deceased alive on Nov 1953, and that death occurred at 4:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 26 1953

Huntington Williams

Lasshu Funeral Home 7401 Belair Rd

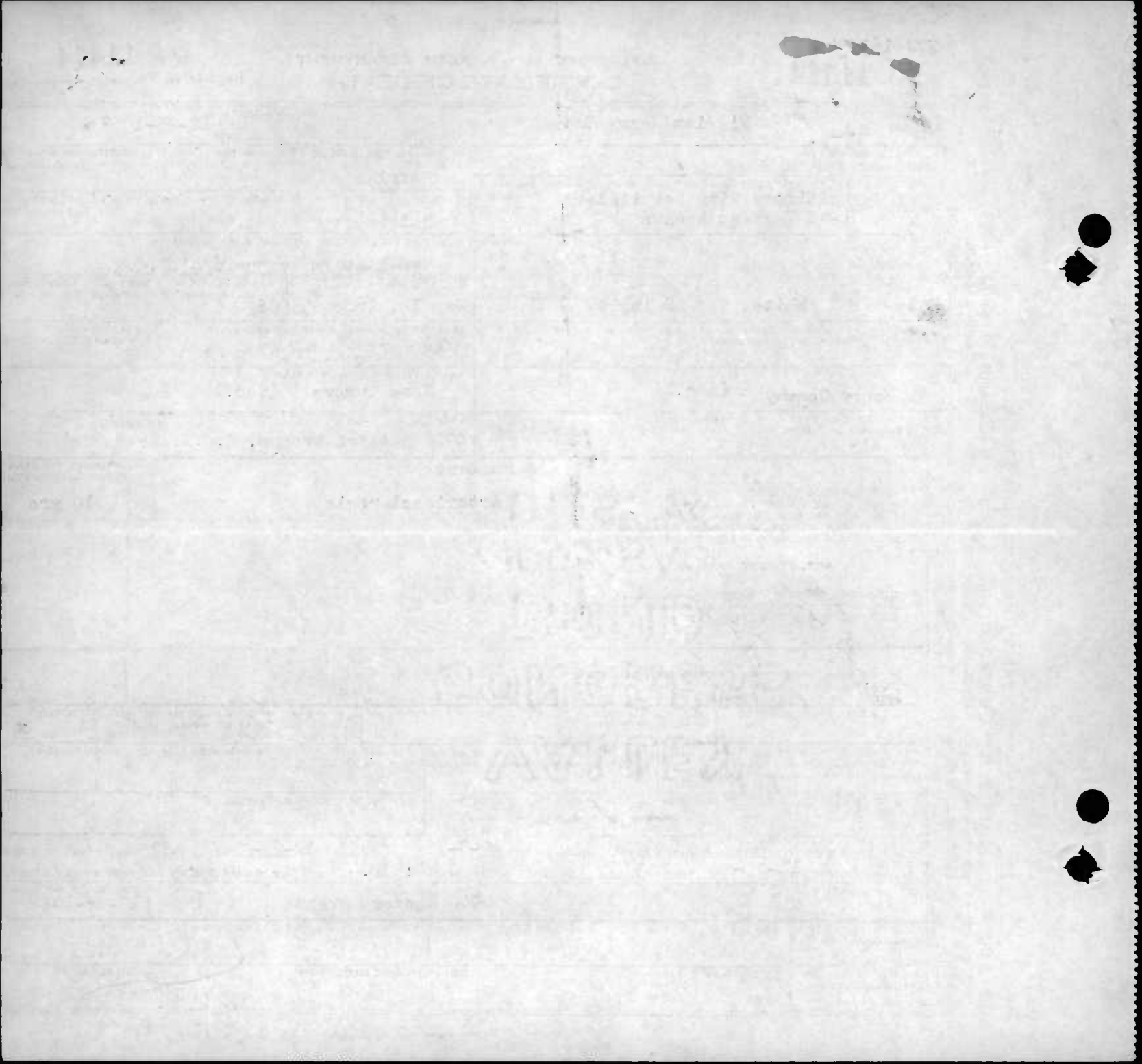


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-500
FVJ 163734
53 11414
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11414
Registered No.

1. NAME OF DECEASED (Type or Print) William Henry Conway			2. DATE OF DEATH 12-25-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 11 yrs.			D. STREET ADDRESS (If rural, give location) 4940 Eastern Avenue #24 B.C.H.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 27, 1868	9. AGE (In years last birthday) 85	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Retired Tin-Smith	11. BIRTHPLACE (State or foreign country) New York - (Waddington)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Conway (dec.)			14. MOTHER'S MAIDEN NAME Rose Turevell (dec.)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Yes	17. INFORMANT ADDRESS 4940 Eastern Avenue, B.C.H. (records)		
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH 10 yrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-3-1952, to 12-25-1953, that I last saw the deceased alive on 12-25-1953, and that death occurred at 4:30 P.m., from the causes and on the date stated above.					
23A. SIGNATURE H. John Doe			23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 12-25-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 28, 1953	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24D. LOCATION (City, town, or county) (State) Frederick, Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 27 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS Wm. J. Tickenner & Sons North & Pa. Aves - Balto, Md	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-362
53 11415
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 53 11415

PETERSEN

BIRTH NO. 53 11415

1. NAME OF DECEASED (Type or Print) *Klaus Petersen*

2. DATE OF DEATH *12/25/53*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MD*
B. COUNTY *Baltimore*

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE *University Hospital*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
302 W. Fayette St

8. Length of stay in Baltimore
Yrs. *Life*
Mos. *Life*
Days *Life*

9. SEX *Male*

10. COLOR OR RACE *White*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

12. DATE OF BIRTH *Feb 24 - 1896*

13. AGE (In years last birthday) *57*

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Hotel Owner

17. KIND OF BUSINESS OR INDUSTRY
Hotel Owner

18. BIRTHPLACE (State or foreign country)
MD

19. CITIZEN OF WHAT COUNTRY?
USA

20. FATHER'S NAME
(Unknown) Peterson

21. MOTHER'S MAIDEN NAME
Unknown

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

23. SOCIAL SECURITY NO.

24. INFORMANT
Thos. P. Peterson

25. ADDRESS
2997 Yorkway Dundalk

26. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Acute Hemorrhagic Duodenal Ulcer

27. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
None

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
None

29. DATE OF OPERATION *12/17/53*

30. CONDITION FOR WHICH OPERATION WAS PERFORMED
Duodenal Ulcer

31. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

32. AUTOPSY?
YES ☐ NO ☒

33. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) ☐

34. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

35. 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

36. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

37. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

38. 21F. HOW DID INJURY OCCUR?

39. 22. I hereby certify that I attended the deceased from *12/23/53*, 19*53*, to *12/25/53*, 19*53*, that I last saw the deceased alive on *12/25*, 19*53* and that death occurred at *1:15* P.M., from the causes and on the date stated above.

40. 23A. SIGNATURE
St. K. Petersen

41. 23B. ADDRESS
University Hospital

42. 23C. DATE SIGNED
12/25/53

43. 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

44. 24B. DATE
12/28/53

45. 24C. NAME OF CEMETERY OR CREMATORY
Holy Redeemer

46. 24D. LOCATION (City, town, or county) (State)
Balto. Md.

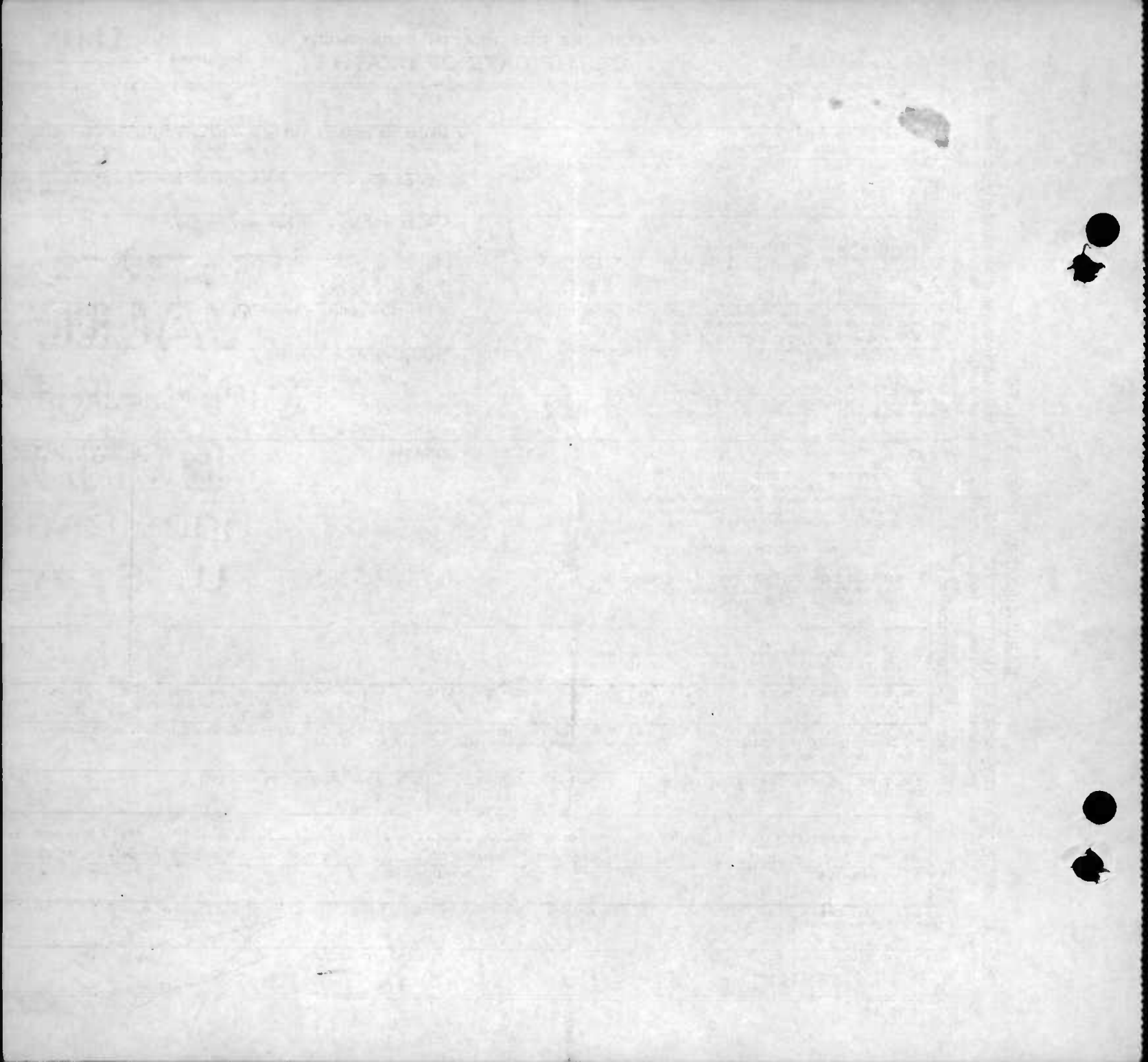
47. DATE RECEIVED BY LOCAL REGISTRAR
DEC 27 1953

48. REGISTRAR'S SIGNATURE
Huntington Williams, Jr.

49. 25. FUNERAL DIRECTOR
Wm. Cook, Inc.

50. ADDRESS
127 St. Paul St.

VS 150
2908B



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11416

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Meyer Salabes

2. DATE
OF
DEATH

12-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2211 Kenoak Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2211 Kenoak Rd. Balto, 9, Md.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 23, 1884

9. AGE (In years
last birthday)

69

10. Under 1 Year
Months: Days

5

2

11. Under 24 Hours
Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Retail business

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Sody Salabes

14. MOTHER'S MAIDEN NAME

Etta Lewyt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT ADDRESS
Mrs. Katherine Spear Salabes
2211 Kenoak Road, Balto. 9, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Edema

30 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Myocardial Infarct

30 min

(C)

Atherosclerosis - v. dis

2 years

II

OTHER SIGNIFICANT CONITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 1951, to 12-24, 1952, that I last saw the
deceased alive on 12-25, 1952, and that death occurred at 12:05 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Paul E. Carlin

23B. ADDRESS

M. D.

2217 South Road

23C. DATE SIGNED

12/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12-27-53

24C. NAME OF CEMETERY OR CREMATORY

Balto. Hebrew Cemetery Baltimore, Maryland

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

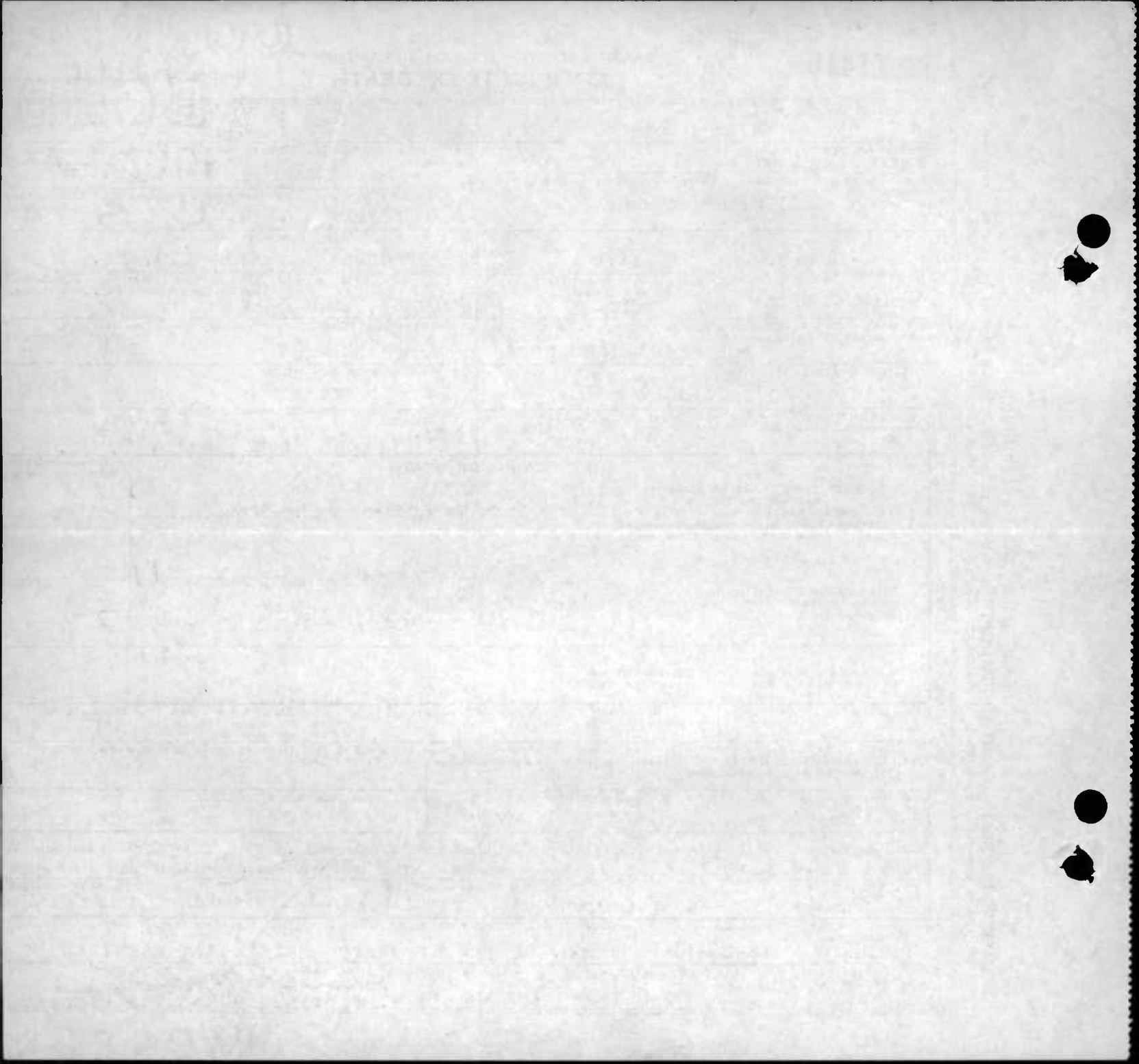
DEC 27 1953 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

David R. Martin
David R. Martin, 1902 Eutaw Place

VS 150

2906A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-260

53 11417

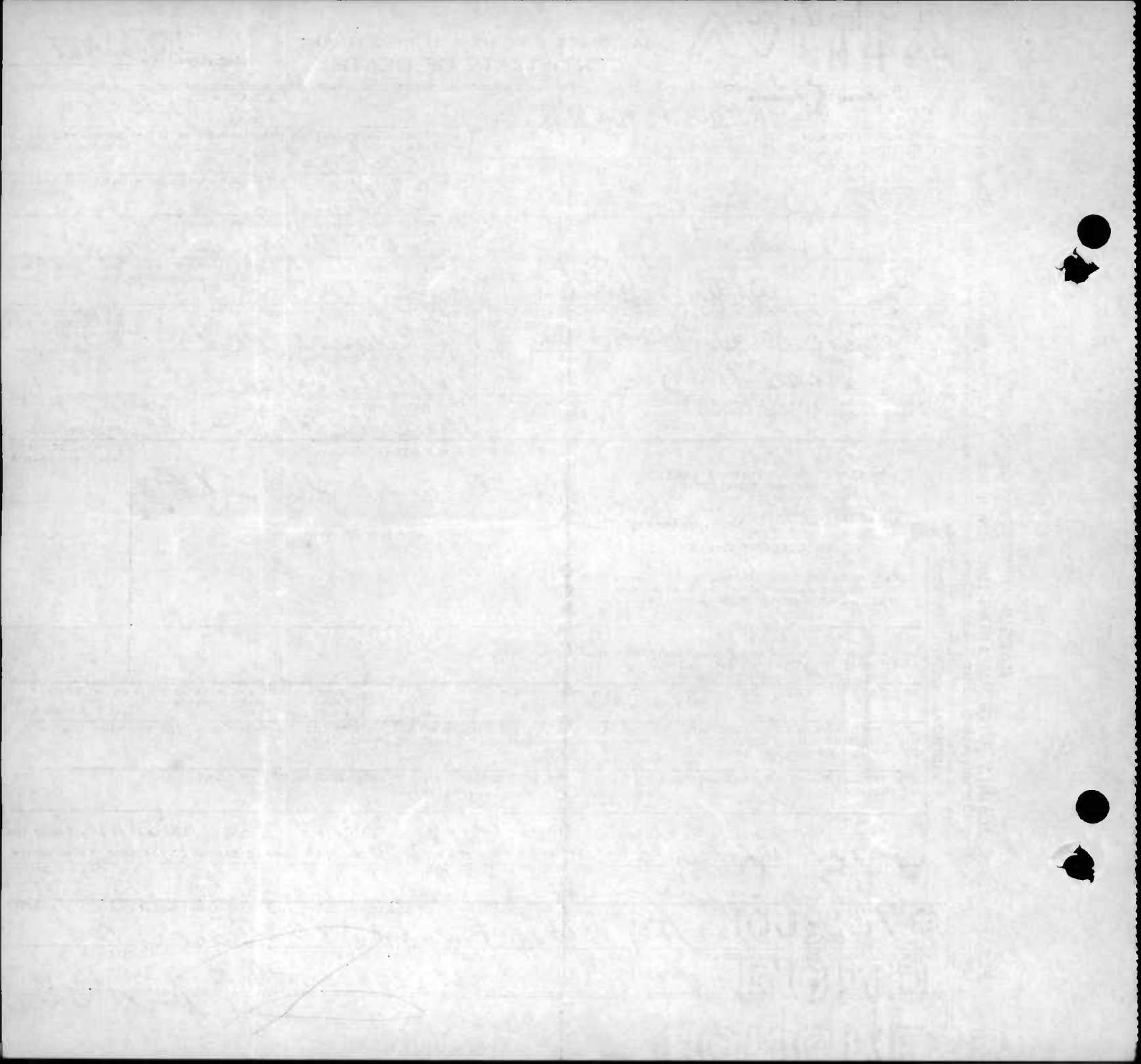
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11417

1. NAME OF DECEASED (Type or Print) ALFRED MAZOR			2. DATE OF DEATH 12/25/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 4 Mos. 11 Days 15			D. STREET ADDRESS (If rural, give location) 3765 Columbus Drive		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 25, 1903	9. AGE (In years last birthday) 50	10. Under 1 Year Months: 11 Days: 15 Hours: 11 Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive - Lawyer			10B. KIND OF BUSINESS OR INDUSTRY Newspaper		
11. BIRTHPLACE (State or foreign country) Baltimore, Md			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Isaac Mazon			14. MOTHER'S MAIDEN NAME Mollie Gross		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs Tillie Mazon - 3765 Columbus			ADDRESS Drive		
18. 470.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute myocardial infarction DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/19 , 19 53 , to 12/25 , 19 53 , that I last saw the deceased alive on 12/25 , 19 53 , and that death occurred at 5:30 m., from the causes and on the date stated above.					
23A. SIGNATURE William Lorman		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 12/25/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/27/53		24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship	
24D. LOCATION (City, town, or county) Baltimore, Md		24E. STATE Md			
DATE RECEIVED BY LOCAL REGISTRAR DEC 27 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Sal. Deverson	
VS 150		ADDRESS 2124 - 26 W North Avenue			

2904M



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-354

53 11418

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11418
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINNIE GOTOMALSKY

2. DATE
OF
DEATH

12/25/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

MARYLAND

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

BALTIMORE

5-01

D. STREET ADDRESS (If rural, give location)

1022 E. Baltimore St.

c. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday) Months Days Hours Min.

25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Annie Feldman - 3246 Togo Pkwy

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Peripheral Collapse

DUE TO

ANTECEDENT CAUSES

(B)

HACVD

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/25, 1953 to 12/25, 1953, that I last saw the deceased alive on 8:45 PM, 1953, and that death occurred at 8:30 PM, from the causes and on the date stated above.

23A. SIGNATURE

Robert D. Buh

M. D.

23B. ADDRESS

Sinai Hosp. of Balt

23C. DATE SIGNED

12/26/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-27-1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county) (State)

Balt

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis Jr - 2100 Eutan-PL

ADDRESS

1111

UNITED STATES OF AMERICA

1111

1111

UNITED STATES OF AMERICA

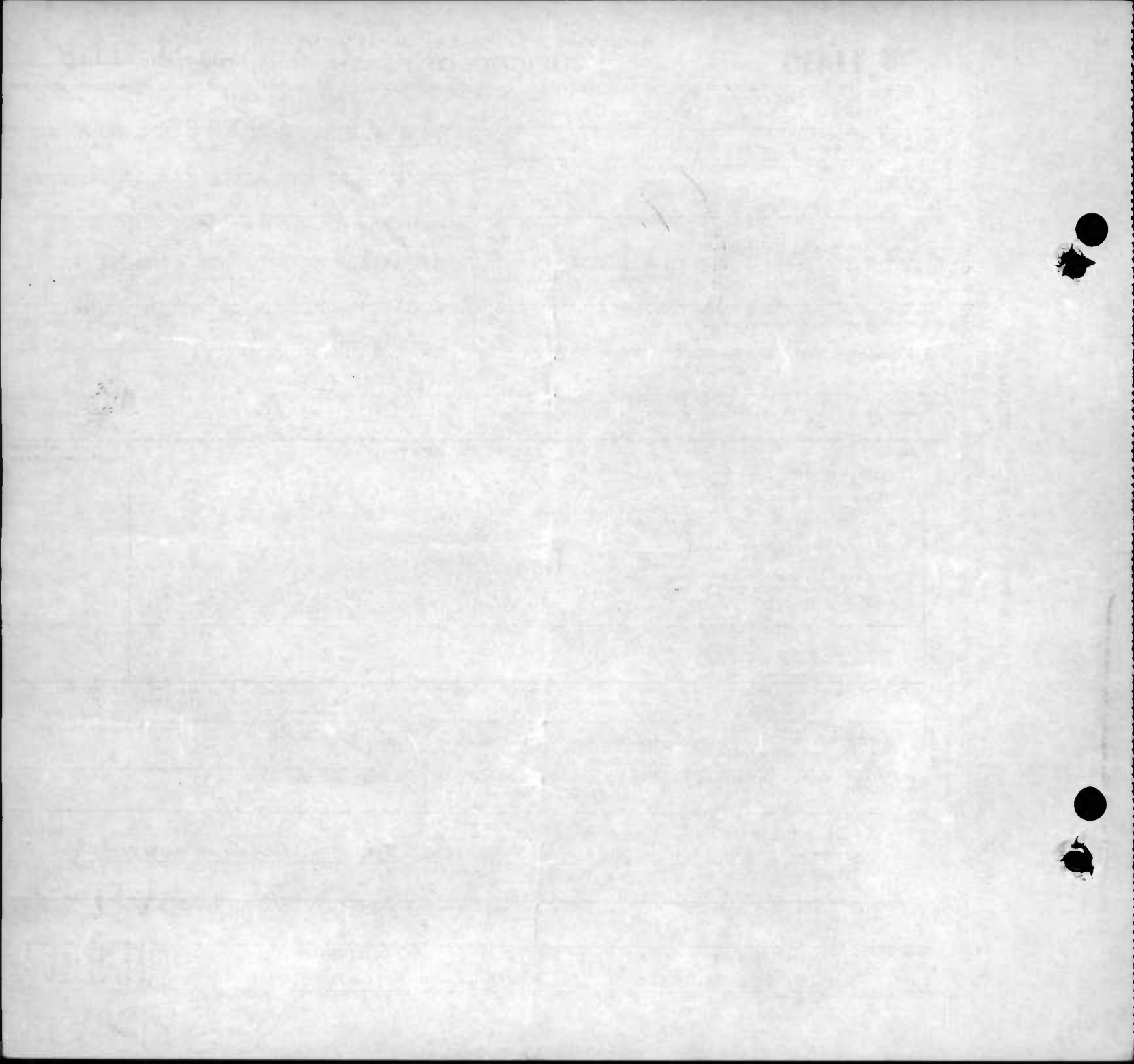
1111



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-614		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 11419	
53 11419		BIRTH NO.			
1. NAME OF DECEASED (Type or Print) MOLLIE BEIERFIELD			2. DATE OF DEATH 12/26/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) SINAI HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-18		
C. Length of stay in Baltimore 55 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3615 W. GARRISON AVE #15		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	B. DATE OF BIRTH 70		9. AGE (In years last birthday) Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Isadore		14. MOTHER'S MAIDEN NAME Rose		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Herman Sheer - 3308 Forest Park Ave.	
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach with metastasis DUE TO ANTECEDENT CAUSES Arteriosclerosis DUE TO Pneumothorax with Mediastinitis DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/18 , 19 53 , to 12/26 , 19 53 , that I last saw the deceased alive on 12/26 , 19 53 , and that death occurred at 5:20 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Emanuel T. Perez M.D.		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 12/26/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-28-1953		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) Balt		24E. STATE Md		24F. FUNERAL DIRECTOR James M. - 2100 E. Lenoir St.	
24G. DATE RECEIVED BY LOCAL REGISTRAR DEC 27 1953		24H. REGISTRAR'S SIGNATURE Huntington Walliams		24I. ADDRESS James M. - 2100 E. Lenoir St.	
VS 150					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11420
Registered No.B-650
53 11420
BIRTH NO. 53-26586

1. NAME OF DECEASED (Type or Print) <i>Virginia Hattie Brown</i>			2. DATE OF DEATH <i>12-25-53</i>		
3. PLACE OF DEATH A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>15-01</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1329 Presstman st</i>		
5. SEX <i>7</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>Oct 29 1953</i>		9. AGE (In years last birthday) <i>1</i> <i>25</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto md</i>	
13. FATHER'S NAME <i>Joseph Brown</i>			14. MOTHER'S MAIDEN NAME <i>Hattie Hillian</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Joseph Brown 1329 Presstman st</i>	

18. *777.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Partial Autopsy* on and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
12-26-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

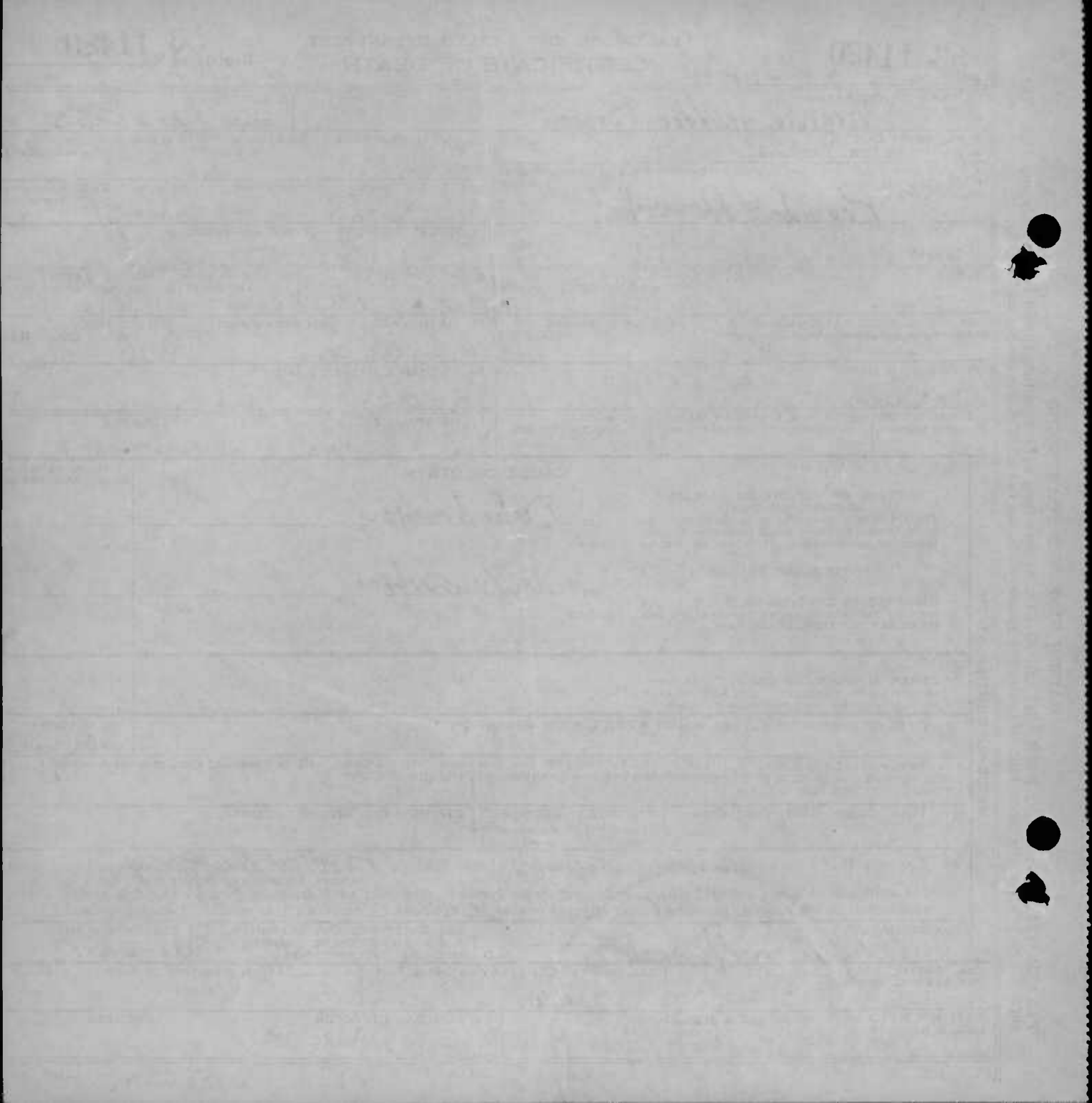
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11421
BIRTH NO.

53 11421
Registered No.

1. NAME OF DECEASED (Type or Print) *Essie Dixon*

2. DATE OF DEATH *Dec 24, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md*
B. COUNTY *17-02*

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *Proident Hosp.*

6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Balto

7. STREET ADDRESS (If rural, give location)
1209 Division St

8. Length of stay in Baltimore
Yrs. *0*
Mos. *0*
Days *0*

9. SEX *F*

10. COLOR OR RACE *C*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *W.*

12. DATE OF BIRTH *Oct. 27, 1899*

13. AGE (In years last birthday) *54*

14. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *H. W.*

16. KIND OF BUSINESS OR INDUSTRY

17. BIRTHPLACE (State or foreign country) *D. C.*

18. CITIZEN OF WHAT COUNTRY? *U. S. A.*

19. FATHER'S NAME *Wilson Bell*

20. MOTHER'S MAIDEN NAME *Estella Trap.*

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No*

22. SOCIAL SECURITY NO.

23. INFORMANT *Bearah Jenkins*

24. ADDRESS *1209 Division St*

18. *443X* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Acute Hypertensive*
DUE TO *Cardio - vascular disease*

ANTECEDENT CAUSES

(B) *None*
DUE TO

(C) *None*
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7/8/*, 1951, to *12/24*, 1953, that I last saw the deceased alive on *12/14, 1953*, and that death occurred at *10:30 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE *Waylan B. Jones* M. O.

23B. ADDRESS *1300 N. Fremont Ave*

23C. DATE SIGNED *12/26/53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24B. DATE *12-29-53*

24C. NAME OF CEMETERY OR CREMATORY *Columbia D. C.*

24D. LOCATION (City, town, or county) (State) *D. C.*

DATE RECEIVED BY LOCAL REGISTRAR *DEC 27 1953*

REGISTRAR'S SIGNATURE *Huntington Williams*

25. FUNERAL DIRECTOR *George B. Nelson*

ADDRESS *1303 Brewster St*

VS 150

1911

1911



S-430
53 11422BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11422
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Frances Slade

2. DATE
OF
DEATH

Dec. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
Baltimore5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5809 Simmonds Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5809 Simmonds Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 1, 1856

9. AGE (In years
last birthday)

97

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Hickory, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Edward Boarman

14. MOTHER'S MAIDEN NAME

Charity Quinlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Laurence Slade

ADDRESS

5809 Simmonds Ave.

18. 442x and E 903.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardiovascular -

Renal Disease

Fracture Right Hip

CERTIFICATION APPROVED BY

William H. Spence, M.D.
CHIEF OR ASST. MEDICAL EXAMINERINTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

5809 Simmonds Ave.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Dec 8, 1953 8A.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped while walking in room

22. I hereby certify that I attended the deceased from June 1, 1952 to Dec 24, 1953 that I last saw the deceased alive on Dec 24, 1953 and that death occurred at 2:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Kubantshy

23B. ADDRESS

M. D. 5415 Park Heights Ave.

23C. DATE SIGNED

12/24/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Ignatius' Ceme.

24D. LOCATION (City, town, or county)

Hickory, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.C. Vernon Simon

25. FUNERAL DIRECTOR

ADDRESS

4611 Park Heights

VS 150

N-820.0

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and fully supplied. The correct age is particularly important. Physicians: please write the causes of death clearly and fully.

Dec. 21, 1913

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MARGIN RESERVED FOR BINDING

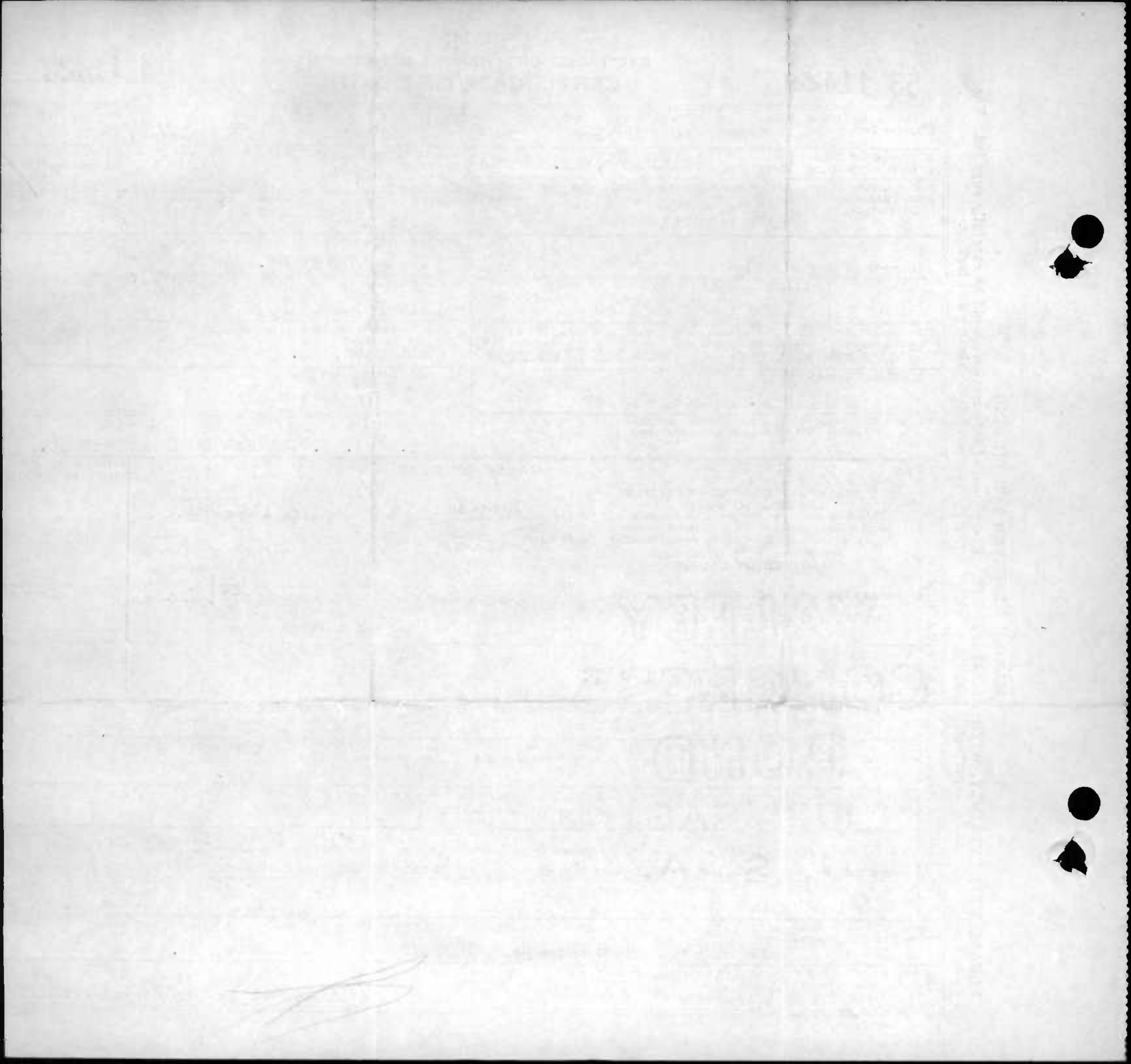
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-460
53 11423
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11423

1. NAME OF DECEASED (Type or Print) James Eden Taylor			2. DATE OF DEATH 12/24/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 720 Lyndhurst Street 68 Yrs. Mos. Days			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 16-08		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 720 Lyndhurst St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14, 1885 68		9. AGE (In years last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Crib Manager		10B. KIND OF BUSINESS OR INDUSTRY May Oil Burner	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME J. Mallory Taylor			14. MOTHER'S MAIDEN NAME Mary Blondell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Jas. E. Taylor 720 Lyndhurst St.		
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Acute Cardiac Dilatation DUE TO Grade IV decompensation (B) Arterioscl. Cardio Vascular disease DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 5, 1953, to Dec 24, 1953, that I last saw the deceased alive on Dec 22, 1953, and that death occurred at 2:30 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Harry L. Frings M.D.		23B. ADDRESS 4416 Edmondson Ave		23C. DATE SIGNED Dec 26, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/28/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 27 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS W. W. Meeks and Son 805 N. Calvert St.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-635 **Gordon** **53 11424** **BALTIMORE CITY HEALTH DEPARTMENT** **53 11424**
CERTIFICATE OF DEATH **Registered No.**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Maggie Gordon* **2. DATE OF DEATH** *Dec. 24, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland **4. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* **B. COUNTY**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *706 N. Mount St.* **C. CITY OR TOWN** (If outside corporate limits, write RURAL, and give township)
Baltimore 16-03 **D. STREET ADDRESS** (If rural, give location)
706 N. Mount St.

c. Length of stay in Baltimore **Yrs.** **Mos.** **Days**

5. SEX *Female* **6. COLOR OR RACE** *Colored* **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify)
Married **8. DATE OF BIRTH** *Dec. 14, 1901* **9. AGE** (In years last birthday) *53* **If Under 1 Year** **If Under 24 Hours**
Months **Days** **Hours** **Min.**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife **10B. KIND OF BUSINESS OR INDUSTRY** *Home* **11. BIRTHPLACE** (State or foreign country)
Baltimore, Md. **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME *J. M. Whiter* **14. MOTHER'S MAIDEN NAME** *Georgia Ann Addy*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** *786 N. Mount St.*

18. 332X1 **CAUSE OF DEATH** **INTERVAL BETWEEN ONSET AND DEATH**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) **(A) CEREBRAL THROMBOSIS 3 DAYS**
DUE TO
ANTECEDENT CAUSES
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **19B. CONDITION FOR WHICH OPERATION WAS PERFORMED** **IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II** **20. AUTOPSY?** **YES** **NO**

21A. ACCIDENT WAS UNDERLYING **21B. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **21C. WHERE DID** (If in Baltimore City, give exact location) **INJURY OCCUR?**

21D. TIME (Month) (Day) (Year) (Hour) **21E. INJURY OCCURRED** **21F. HOW DID INJURY OCCUR?**
OF INJURY **m.** **WHILE AT WORK** **NOT WHILE AT WORK**

22. I hereby certify that I attended the deceased from *DEC. 22, 1953* **to** *DEC 24, 1953* **, that I last saw the deceased alive on** *DEC. 24, 1953* **, and that death occurred at** *6:05 P. M.* **, from the causes and on the date stated above.**

23A. SIGNATURE *Thomas W. Harris* **23B. ADDRESS** *1824 W. Franklin St.* **23C. DATE SIGNED** *Dec. 26, 1953*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* **24B. DATE** *12/28/1953* **24C. NAME OF CEMETERY OR CREMATORY** *St. Thomas* **24D. LOCATION** (City, town, or county) *Randalltown, Md.* **(State)**

DATE RECEIVED BY LOCAL REGISTRAR *DEC 27 1953* **REGISTRAR'S SIGNATURE** *Huntington Williams, Jr.* **25. FUNERAL DIRECTOR** *1631 Mount West Ave.* **ADDRESS**

VS 150

WATLEY
CONGRESS
BOARD
FOR
U.S.A.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11425 BIRTH NO. 53 11425 Registered No.

1. NAME OF DECEASED (Type or Print) *Almarine S. Ford*

2. DATE OF DEATH *Dec. 24, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland*
B. COUNTY *Baltimore*
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore 13-02*
D. STREET ADDRESS (If rural give location) *2558 M^c Cullah St.*

5. SEX *Male*

6. COLOR OR RACE *Colored*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*

8. DATE OF BIRTH *Nov. 5, 1886*

9. AGE (In years last birthday) *67*

10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Chauffeur*
B. KIND OF BUSINESS OR INDUSTRY *Hotel*

11. BIRTHPLACE (State or foreign country) *Norfolk, Va.*

12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *Robert Ford*

14. MOTHER'S MAIDEN NAME *Mary Siggo*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) *No*

16. SOCIAL SECURITY NO. *0213-10-2040*

17. INFORMANT'S NAME AND ADDRESS *Mr. William H. Williams, 1631 Druid Hill Ave.*

18. *420.1*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) *Congestive heart failure*
DUE TO
(B) *Coronary Insufficiency*
DUE TO
(C) *Arteriosclerosis*

INTERVAL BETWEEN ONSET AND DEATH
2 yrs
4 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct*, 1948, to *Dec 19*, 1953, that I last saw the deceased alive on *Dec 19*, 1953, and that death occurred at *6:30 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Stephen J. Van Lill M.D.*

23B. ADDRESS *2843 St Paul St*

23C. DATE SIGNED *12-24-53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24B. DATE *Dec. 27, 1953*

24C. NAME OF CEMETERY OR CREMATORY *St. Ann*

24D. LOCATION (City, town, or county) (State) *Baltimore, Md.*

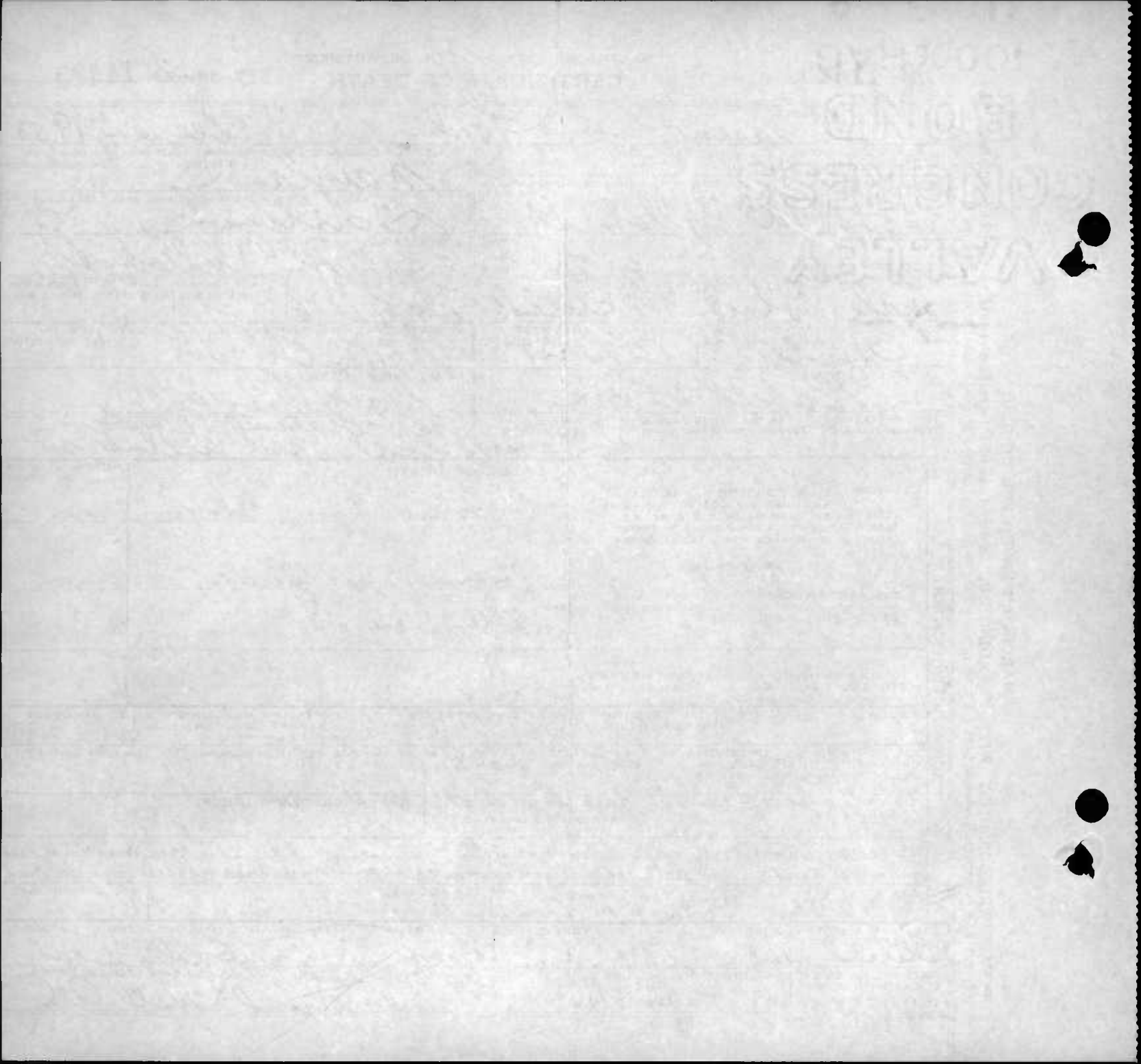
DATE RECEIVED BY LOCAL REGISTRAR *DEC 27 1953*

REGISTRAR'S SIGNATURE *Huntington Williams, Jr.*

25. FUNERAL DIRECTOR'S NAME AND ADDRESS *1631 Druid Hill Ave.*

VS 150

7848B



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-162		BALTIMORE CITY HEALTH DEPARTMENT		THE BARGE	
53 11426		CERTIFICATE OF DEATH		53 11426	
BIRTH NO. 53-30465		Registered No.			
1. NAME OF DECEASED (Type or Print) <i>Daisy Bay Kelarge</i>			2. DATE OF DEATH <i>12-12-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Hospital for Women of Md.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore MIDDLE RIVER</i>		
D. STREET ADDRESS (If rural, give location) <i>232 Endsleigh Ave</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>12-12-53</i>	9. AGE (In years last birthday) Months Days Hours Min. <i>4 32</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>md.</i>	
13. FATHER'S NAME <i>Donald Edward Kelarge</i>		14. MOTHER'S MAIDEN NAME <i>Adams</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Chad -</i>	
18. <i>76r.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Anoxia</i> (B) <i>a tubercosis</i> (C) <i>intra uterine infection</i>			CAUSE OF DEATH <i>Prematurity</i>		
19A. DATE OF OPERATION			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. HOW DID INJURY OCCUR?		
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Dec 12, 1953</i> to <i>Dec 12, 1953</i> , that I last saw the deceased alive on <i>Dec. 12, 1953</i> and that death occurred at <i>2:40 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William Phyllis</i>			23B. ADDRESS <i>Box 10 Women's Hos.</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE		
24C. NAME OF CEMETERY OR CREMATORY <i>UNIVERSITY MEDICAL SCHOOL</i>			24D. LOCATION (City, town, or county) (State) <i>DEC, 17, 1953</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 27 1953</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		
25. FUNERAL DIRECTOR <i>2410 E. Lexington Williams</i>			ADDRESS		

1118

STATE OF TEXAS

VALLEY
ON
BOND
1002446

NOTARY PUBLIC

A-450

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHCITY DISPOSAL
53 11427
Registered No.

BIRTH NO.

53 11427

53-31204

1. NAME OF DECEASED
(Type or Print)

Baby Boy Allen

2. DATE
OF
DEATH

12/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland University Hospital
B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION
UNIVERSITY HOSPITAL4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 15-02

D. STREET ADDRESS (If rural, give location)

1823 Karanagh St.

c. Length of stay in Baltimore

Yrs.
Mos.
Yrs. Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

12/15/53

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

ALBERT

ALLEN

14. MOTHER'S MAIDEN NAME

MARIAET & LADDER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

ADDRESS

18.

776X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

PREMATURITY

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/18/53 to 12/18/53, that I last saw the
deceased alive on 12/18/53, and that death occurred at 9:30 m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Kruger

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL DEC 22, 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

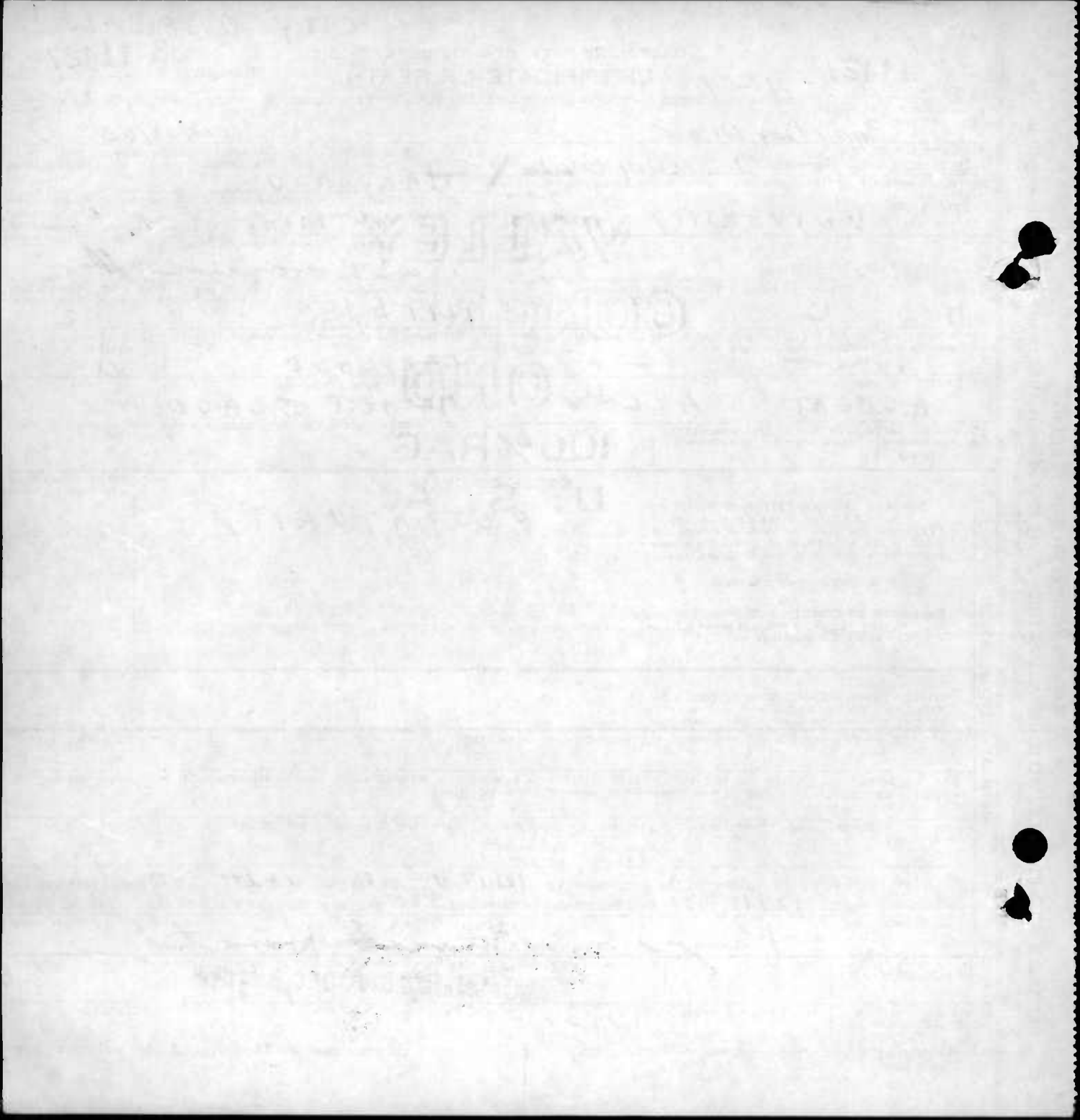
ADDRESS

DEC 27 1953

Huntington Williams, Jr.

Huntington Williams, Jr.

VS 150



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

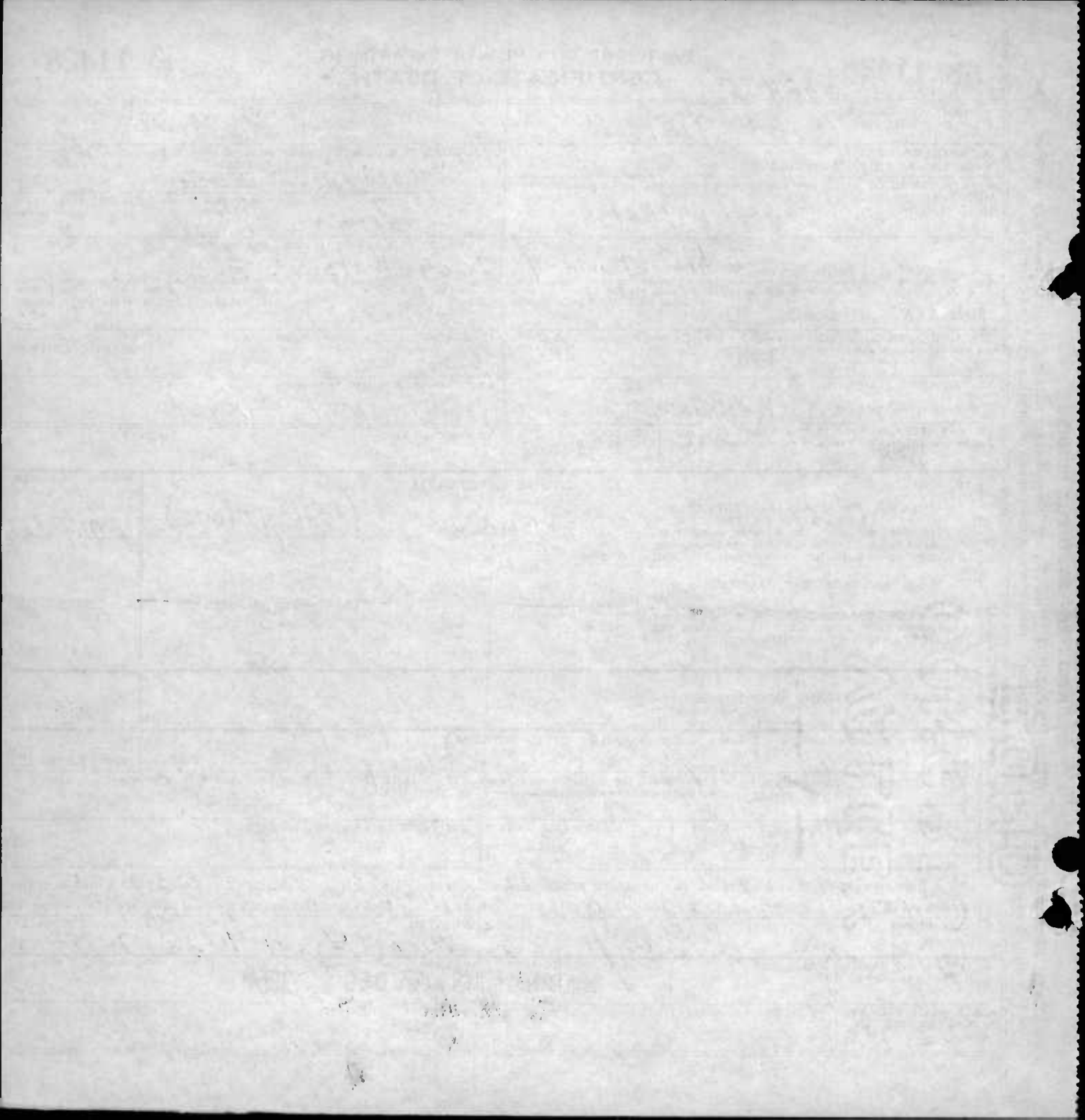
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 11428**

 BIRTH NO. **53 11428**
53-32475

1. NAME OF DECEASED (Type or Print) BABY GIRL REDDING		2. DATE OF DEATH 19 DEC. 53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND. B. COUNTY ELLS.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 46 LUTHERAN Hosp. of Balt.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 17 15-04	
c. Length of stay in Baltimore 6 hrs 07 min		D. STREET ADDRESS (If rural, give location) 2009 Walbrook Ave	
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 6:45 A.M. 19 DEC. 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 6 07
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME FRANCIS REDDING.		14. MOTHER'S MAIDEN NAME DELAUNEY, Allayne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURITY (650 grams)			INTERVAL BETWEEN ONSET AND DEATH 6 hr. 07 min.
(A) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B) DUE TO			
(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 12-19-53	19B. MAJOR FINDINGS OF OPERATION Spontaneous Delivery		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-19, 1953 to 12-19, 1953 that I last saw the deceased alive on 12-19, 1953 and that death occurred at 12:55 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE George E. Wilcox Jr.		23B. ADDRESS Lutheran Hosp of Md. Inc.	23C. DATE SIGNED 12-19-53
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR DEC 27 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR		ADDRESS Huntington Williams, M.D.	



R-560

53 11429

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

X 53 11429

BIRTH NO. 53-32454

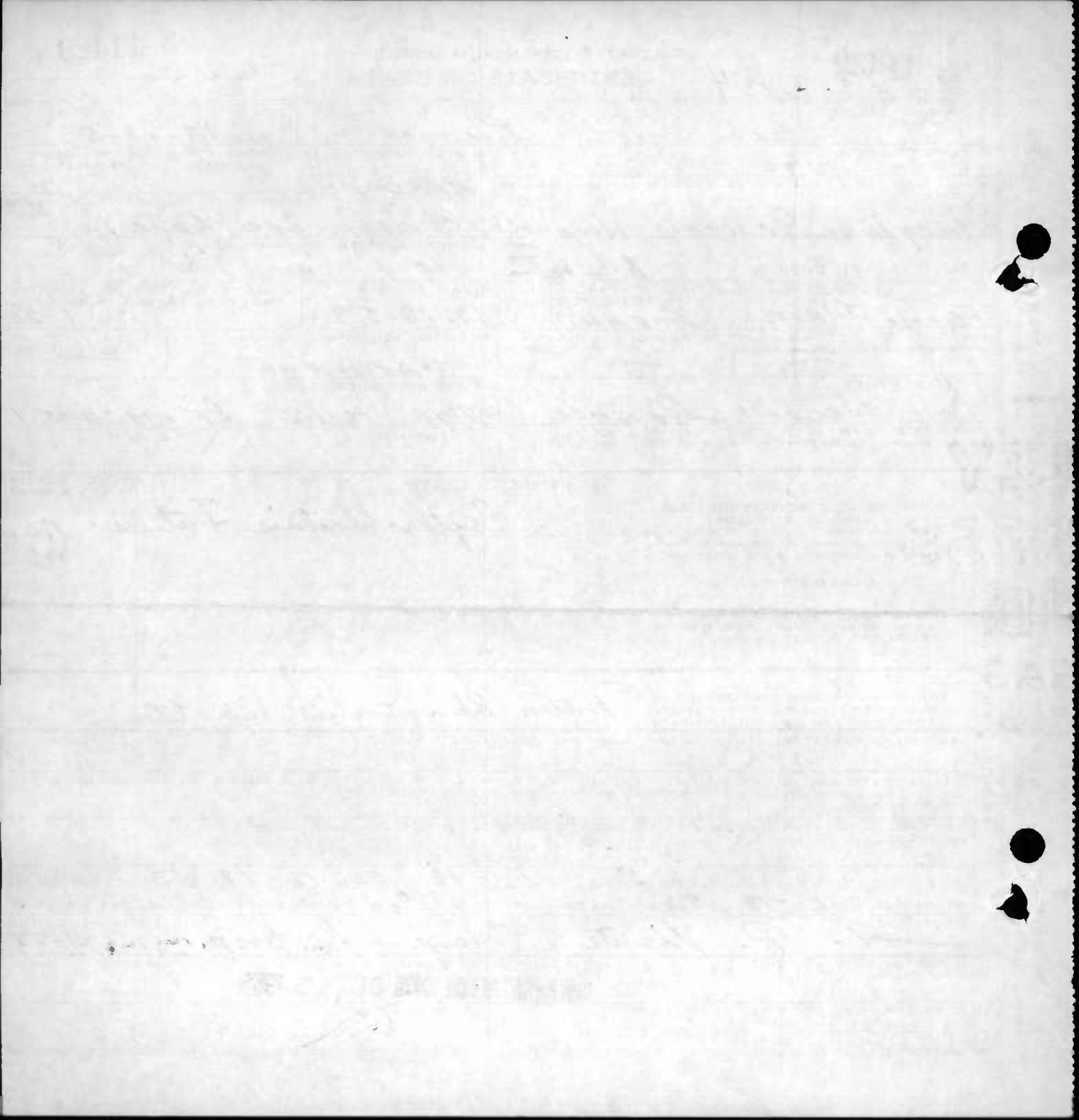
1. NAME OF DECEASED (Type or Print) <i>Baby Girl Runner</i>			2. DATE OF DEATH <i>12-18-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>BALTO.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore home 20</i>		
C. Length of stay in Baltimore <i>1 1/2 Hrs</i>			D. STREET ADDRESS (If rural, give location) <i>MIDDLE RIVER 1014 CORO ST.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>WHITE</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>INFANT</i>	8. DATE OF BIRTH <i>12-18-53</i>		9. AGE (In years last birthday) <i>1</i> <i>28</i> Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>DALE WELDON RUNNER</i>			14. MOTHER'S MAIDEN NAME <i>OLGA ALICE EFIMCHUK</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <i>770.0</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Crythroblastosis Fetalis</i>	
ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Mother Rh negative with high titer</i>
---	--	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-18, 1953</i> to <i>12-18, 1953</i> , that I last saw the deceased alive on <i>12-18, 1953</i> and that death occurred at <i>730</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>P. Vicente</i>		23B. ADDRESS <i>Maryland Gen. Hosp.</i>		23C. DATE SIGNED <i>12-21-53</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>	24D. LOCATION (City, town, or county) (State) <i>DEC 23 1953</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 27 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams</i>



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-173914

53 11430

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11430

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Josephine DeMarco

2. DATE
OF
DEATH

Dec. 24-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6413 Belair Rd. zone 6

C. Length of stay in Baltimore

65yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 2nd 1871 82 yrs

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Salvatore Cammarata

14. MOTHER'S MAIDEN NAME

Mae ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT 4940 Eastern Ave. ADDRESS
Records: Baltimore City Hospitals

18.

44/2 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardio-vascular renal disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ CAUSE OF
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27-, 1953, to 12-24-, 1953, that I last saw the
deceased alive on 12-24-, 1953, and that death occurred at 2.10PM., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

23B. ADDRESS

M. D.

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

12-24-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 28-1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery 4430 Belair Rd.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

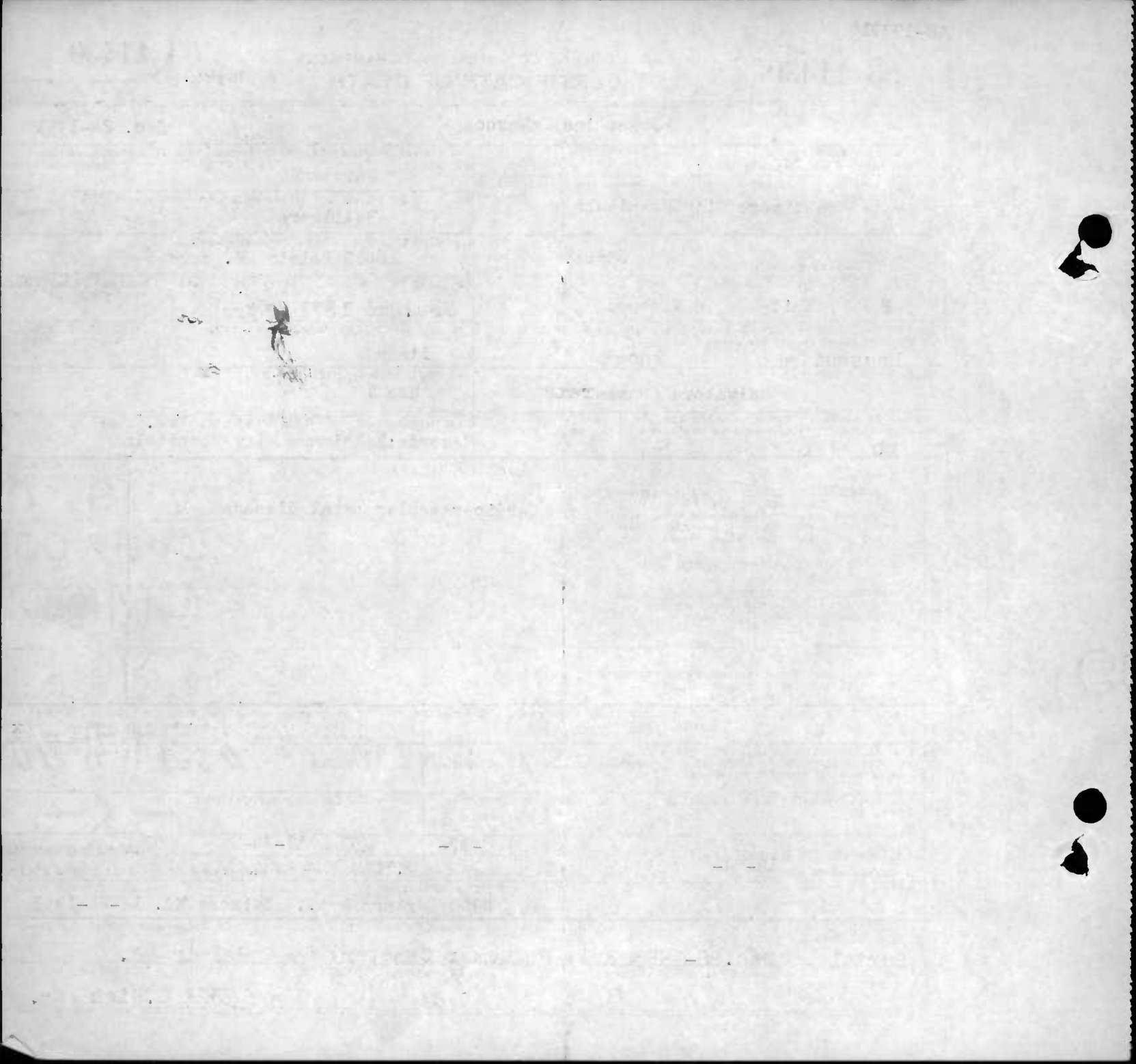
FUNERAL DIRECTOR

ADDRESS

DEC 27 1953

VS 150

Huntington Williams, Grand Della Noel 322 S. High St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-624 53 11431		BROCCOLINO BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11431	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Adeline Broccelino		Dec 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE		B. COUNTY	
St. Josephs Hospital		Ma		Balto	
C. Length of stay in Baltimore		C. CITY OR TOWN		(If outside corporate limits, write RURAL and give township)	
41 Yrs.		D. STREET ADDRESS (If rural, give location)		702	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Female		White		Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Housewife		(Chieti Italy)		March 24 1884	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		9. AGE (In years last birthday)	
Vincenzo Naddeo		Filomena Deliberato		69	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country)	
no				12. CITIZEN OF WHAT COUNTRY?	
18. 420.1 I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Arteriosclerotic Cardiovascular Disease			
ANTECEDENT CAUSES		(B) Anterior coronary artery occlusion			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) With myocardial infarction			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 21 1953 to Dec 24, 1953, that I last saw the deceased alive on Dec 24 1953, and that death occurred at 11:20 P.M. from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Dec. 28 1953		Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
4430 Belair Rd.		Frank Della Uoce		322 S. High St.	
17. INFORMANT		18. ADDRESS		19. CITIZEN OF WHAT COUNTRY?	
20. DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		21. FUNERAL DIRECTOR	
DEC 27 1953		Huntington Williams		Frank Della Uoce	
VS 150					

BODY TAKEN BY

NAME

ADDRESS

DATE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11432

E-113
53 11432
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Robert Everetts			2. DATE OF DEATH 12-24-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) EDGE MERE		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 7328 HUGHES AVE		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH DEC 26, 1943		9. AGE (In years last birthday) 9
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL			11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME HOWARD EVERETTS			14. MOTHER'S MAIDEN NAME VERA J. KELLER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS HOWARD EVERETTS - 7328 HUGHES AV		

18. **E910.4**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Crushing Injury of Chest +**

DUE TO

ANTECEDENT CAUSES

(B) **Abdomen & Rupture of Liver**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Public

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Community Beach, Jones Creek, Baltimore

21D. TIME (Month) (Day) (Year) (Hour)

Dec. 24, 1953 2:00 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Crushed by boulder while digging cave in side of hill

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. ...

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

12-25-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL**DEC 26, 1953****OAK LAWN****COL GATE MD**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 27 1953**Huntington Williams****ULLRICH FUNERAL HOME 2112 DUNDALK**

CONFIDENTIAL
OFFICE OF THE DIRECTOR
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

MEMORANDUM FOR THE DIRECTOR

DATE: 10-1-60

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 11433	
CERTIFICATE OF DEATH				Registered No. 53 11433	
BIRTH NO. 53 11433				2. DATE OF DEATH December 24, 1953	
1. NAME OF DECEASED (Type or Print) Butler, George E. SR.					
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 41 St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-02		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 5103 Frankfort Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Aug. 13-1903	9. AGE (In years last birthday) 50 yrs	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soreman		10B. KIND OF BUSINESS OR INDUSTRY Lever Brothers	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Butler			14. MOTHER'S MAIDEN NAME Anna Brooks		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 212-03-0226	17. INFORMANT George E. Butler Jr. 2204 E. Biddle St		ADDRESS
18. 575X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) 1st degree gas infection DUE TO ANTECEDENT CAUSES (B) Proteus Morganii DUE TO (C) Ischiorectal abscess? II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from December 15, 1953 to December 24, 1953, that I last saw the deceased alive on Dec. 24, 1953 and that death occurred at 11:30 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Robert Johnston		23B. ADDRESS M. D. 1400 N. Caroline Street		23C. DATE SIGNED Dec. 24, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE Dec. 28-1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Baltimore		24E. NAME OF CEMETERY OR CREMATORY Belair Rd.		24F. LOCATION (City, town, or county) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR DEC 27 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR John C. Miller Inc. 2451 E. Bldg St	
VS 150					

523 63

BODY TAKEN BY

NAME

ADDRESS

DATE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

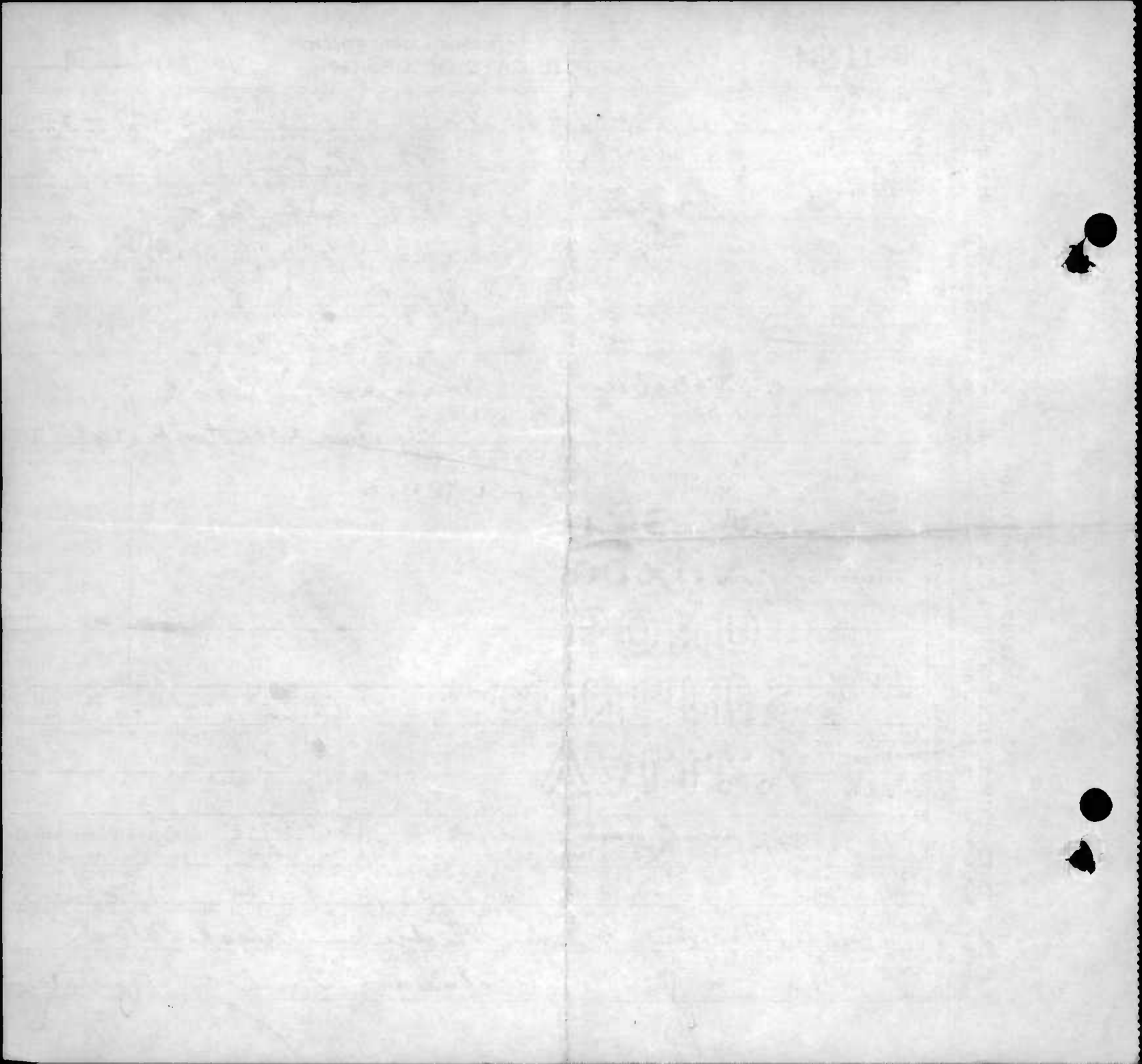
u-524
53 11434
BIRTH NO. 49-20802

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11434

1. NAME OF DECEASED (Type or Print) <i>PATRICIA L. UNGLER</i>		2. DATE OF DEATH <i>12-24-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore City</i> B. COUNTY <i>25-43</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>2330 Wash Blvd</i>	
C. Length of stay in Baltimore <i>Lifes</i>		D. STREET ADDRESS (If rural, give location) <i>2330 WASHINGTON BLVD. #30</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>9/23/49</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Herman C. Ungler</i>		14. MOTHER'S MAIDEN NAME <i>Margorie Cook</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS <i>Mother 2330 Wash Balt 30</i>	
18. <i>204.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Leukemia</i>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/24</i> , 19 <i>53</i> , to <i>12/25</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/25</i> , 19 <i>53</i> and that death occurred at <i>2:55</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>William S. Parker</i>		23B. ADDRESS <i>Sinai Hospital</i>	23C. DATE SIGNED <i>12/25/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>12/28/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Medow Ridge Cn</i>	24D. LOCATION (City, town, or county) <i>Wash Blvd</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 27 1953</i>	REGISTRAR'S SIGNATURE <i>H. H. Williams</i>	25. FUNERAL DIRECTOR <i>Edmond Foulson</i> ADDRESS <i>Baltimore 30740</i>	

VS 150



V-220
53 11435BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11435
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE JOHN VACEK			2. DATE OF DEATH 12-24-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland general Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 27-05		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3914 Walnut Ave # 6		
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 20, 1905		9. AGE (in years last birthday) 48
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Bendix Radio			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore
13. FATHER'S NAME James Vacek			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 213-03-3909		14. MOTHER'S MAIDEN NAME MARY BOVAREK
17. INFORMANT MARY ELAINE VACEK			ADDRESS 3914 WALNUT AVE		

MEDICAL CERTIFICATION

18. 241X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		Heart failure	
ANTECEDENT CAUSES		(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		asthma bronchial	
		(C) DUE TO	
		duodenal ulcer	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 12-24-53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-24-53 to 12-24-53 that I last saw the deceased alive on 12-24-53 and that death occurred at 12:05 p.m. from the causes and on the date stated above.					
23A. SIGNATURE A. J. J. J.		23B. ADDRESS M. D.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-26-1953		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	
24D. LOCATION (City, town, or county) (State) BALTIMORE MD 6		24E. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER		24F. LOCATION (City, town, or county) (State) BALTIMORE MD 6	
DATE RECEIVED BY LOCAL REGISTRAR DEC 27 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR FR. CVACH & SON	
				ADDRESS 900 N. CHESTER ST	

VS 150

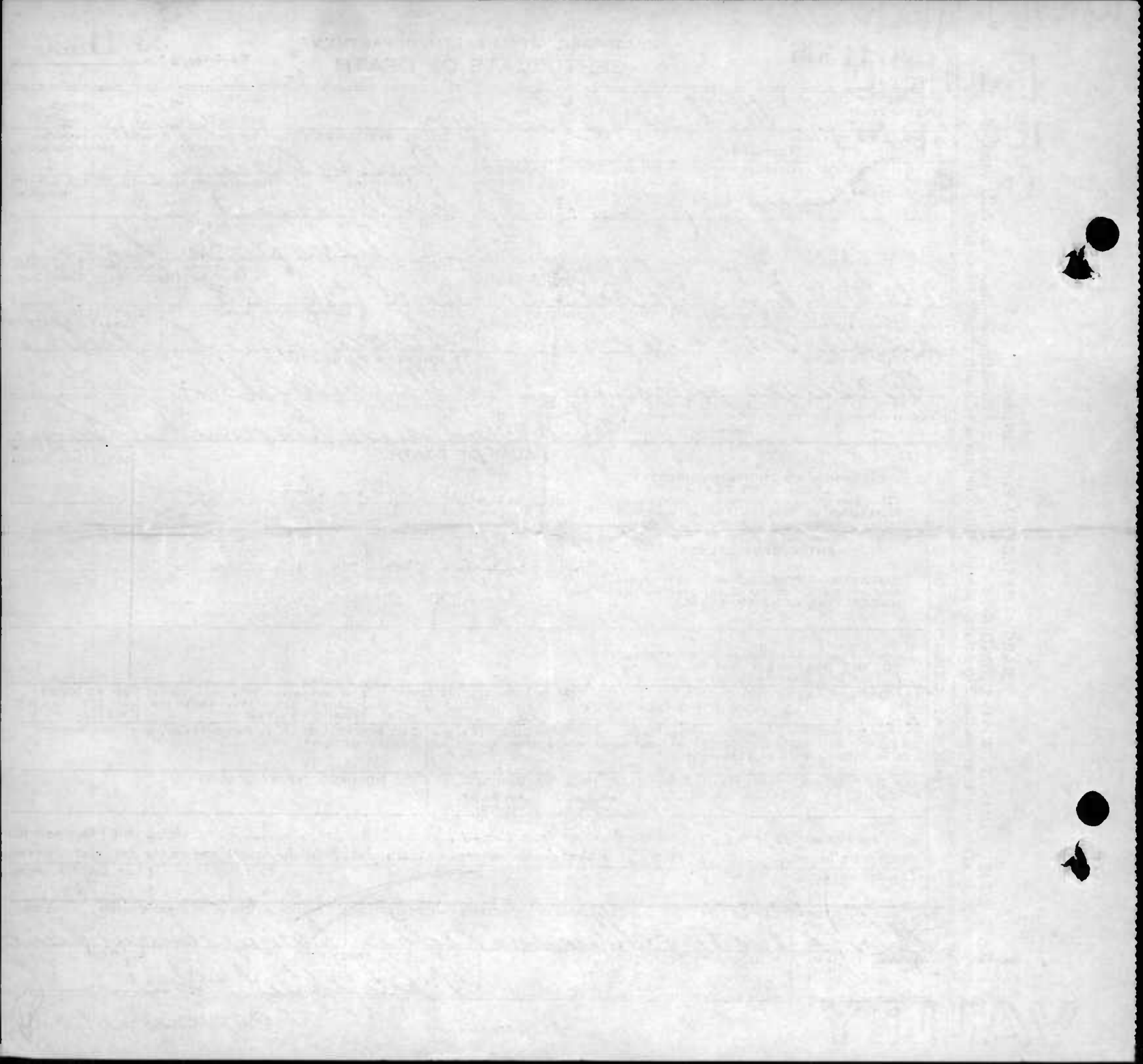
52334

See query reply in Document file.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650 53 11436		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11436 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mr William Brown</i>		2. DATE OF DEATH <i>12/25/53</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Co.</i>			
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		d. STREET ADDRESS (If rural, give location) <i>115 Annapolis Road</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov 26 1895</i>	9. AGE (In years last birthday) <i>58</i>	10. Under 1 Year Months: <i>0</i> Days: <i>0</i> Hours: <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Bookkeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Store</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
11. FATHER'S NAME <i>Francis Brown</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. MOTHER'S MARDEN NAME <i>Williamina Bodinski</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>214-03-199</i>		17. INFORMANT <i>Marie Brown</i> ADDRESS <i>Green</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>526X I</i>		CAUSE OF DEATH (A) <i>Bronchopneumonia</i> DUE TO (B) <i>Severe pneumonia</i> DUE TO (C) <i>Past operation</i>		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <i>12/5/1953</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Pneumonia</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/7/1953</i> , 19 <i>53</i> , to <i>12/25</i> , 19 <i>53</i> that I last saw the deceased alive on <i>12/25</i> , 19 <i>53</i> , and that death occurred at <i>1:25 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>J. K. Pearson</i>		23b. ADDRESS <i>University</i>		23c. DATE SIGNED <i>12/25/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec 27-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Wheaton Ridge</i>	
24d. LOCATION (City, town, or county) <i>Dorsey Maryland</i>		24e. REGISTRAR'S SIGNATURE <i>H. Kingston Williams</i>		24f. FUNERAL DIRECTOR <i>W. P. W. W. & Son</i>	
24g. DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 27 1953</i>		24h. REGISTRAR'S SIGNATURE <i>H. Kingston Williams</i>		24i. ADDRESS <i>1300 Eustaw Pl, 17</i>	



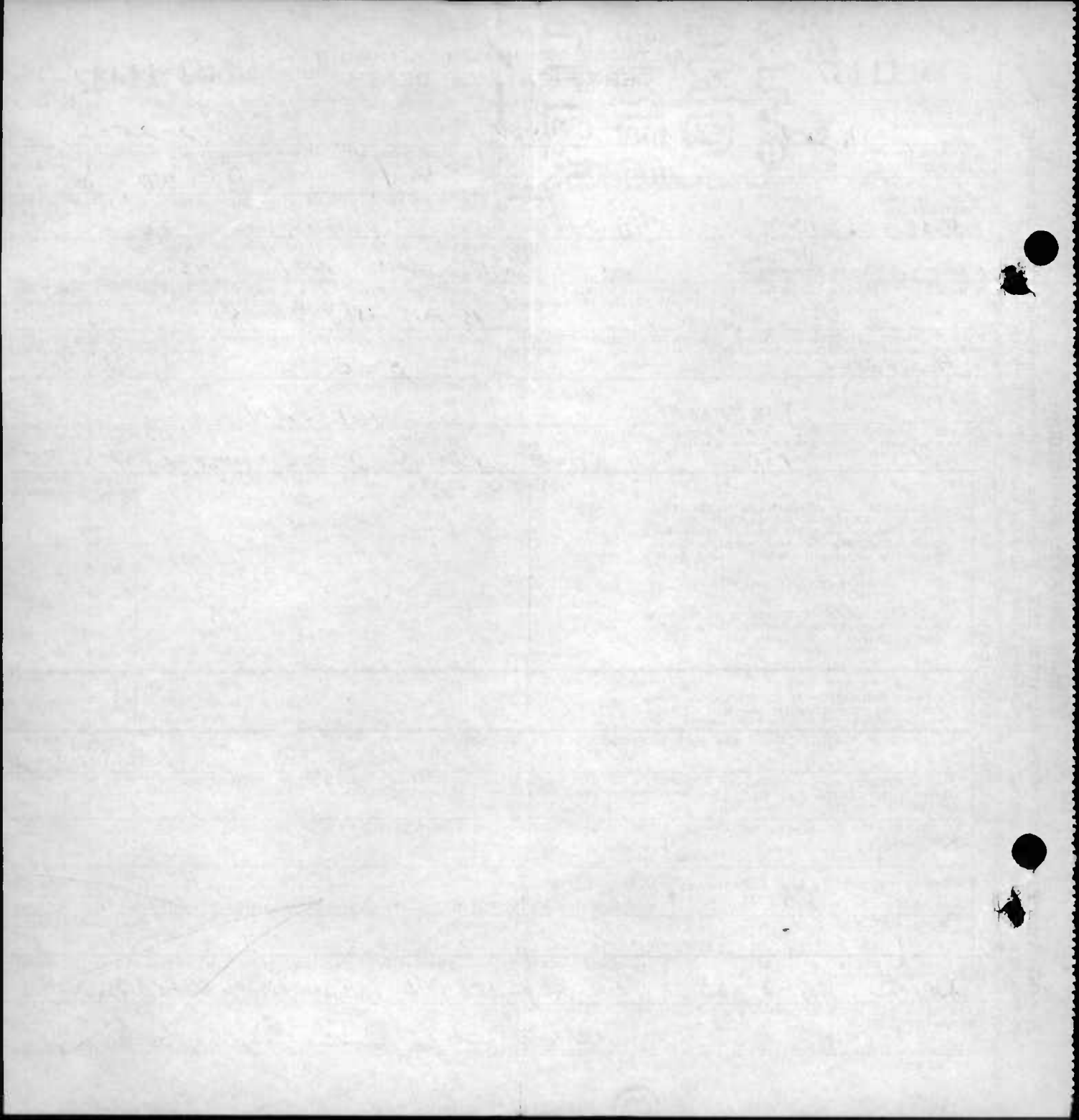
D-400

53 11437

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11437

1. NAME OF DECEASED (Type or Print) MARY BRIDGET DOYLE			2. DATE OF DEATH 12-25-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTO		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3036 ELLIOTT ST. (24)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DUNDALK 22 13-5		
C. Length of stay in Baltimore 23 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) DUNKEER APTS. #5		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 15 AUG. 1868	9. AGE (In years last birthday) 85	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) IRE
13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT EDW. C. DOYLE - DUNKEER APTS. #5			ADDRESS		
18. 470.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Aedema DUE TO Intermittent Heart Disease DUE TO Intermittent Heart Disease DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/10/53 to 12/25/53 , that I last saw the deceased alive on 12/25/53 , 19 53 ; and that death occurred at 8:45 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Melvin D. Janowski M. D.		23B. ADDRESS 2711 Eastern Ave.		23C. DATE SIGNED 12-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10-29-53		24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	
24D. LOCATION (City, town, or county) (State) EDMONDSON AVE. BALTO. MD.		25. FUNERAL DIRECTOR Walter Brock Bradley, Dundalk, Md.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR DEC 27 1953		REGISTRAR'S SIGNATURE Walter Brock Bradley		25. FUNERAL DIRECTOR Walter Brock Bradley, Dundalk, Md.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11438**BIRTH NO. **53 11438**

1. NAME OF DECEASED (Type or Print) Mr. John Rous			2. DATE OF DEATH 12-24-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 5352		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bon Secours Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. -28, Md.		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5410 Addington Rd.		
5. SEX MALE	6. COLOR OR RACE W.	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-25-90		9. AGE (In years last birthday) 63 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing Designer		10B. KIND OF BUSINESS OR INDUSTRY CLOTHING MANUFACTURER		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Richard Fuller			14. MOTHER'S MAIDEN NAME Barbara Weigart		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. John N. Rous - 5410 Addington Rd	

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Embolus	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Auricular Fibrillation		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Intestinal Obstruction		

19A. DATE OF OPERATION 12-20-53		19B. MAJOR FINDINGS OF OPERATION Incarcerated small bowel-umbilical hernia		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-20-53 , 19 53 , to 12-24-53 , 19 53 , that I last saw the deceased alive on 12-24 , 19 53 , and that death occurred at 11:45 a.m., from the causes and on the date stated above.					
23A. SIGNATURE William H. Tamm, Jr.		23B. ADDRESS Bon Secours Hospital		23C. DATE SIGNED 12-24-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-25-53		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cew.	
24D. LOCATION (City, town, or county) (State) Bldg. Md.		25. FUNERAL DIRECTOR George S. Insley		ADDRESS Catonville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 27 1953		REGISTRAR'S SIGNATURE Huntington Williams			

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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RECEIVED BY THE BUREAU OF PLANT INDUSTRY
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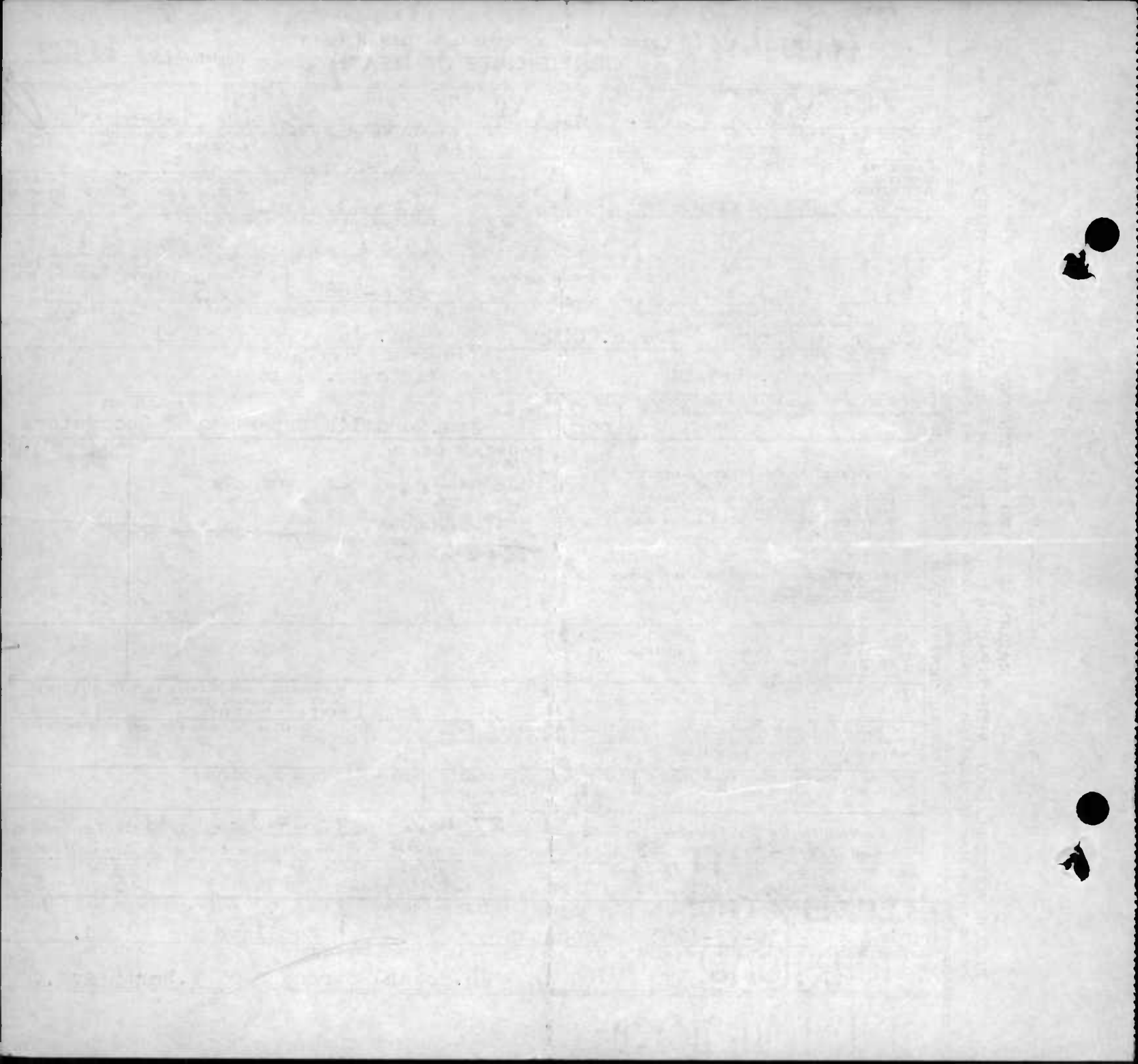
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-653
53 11439BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11439

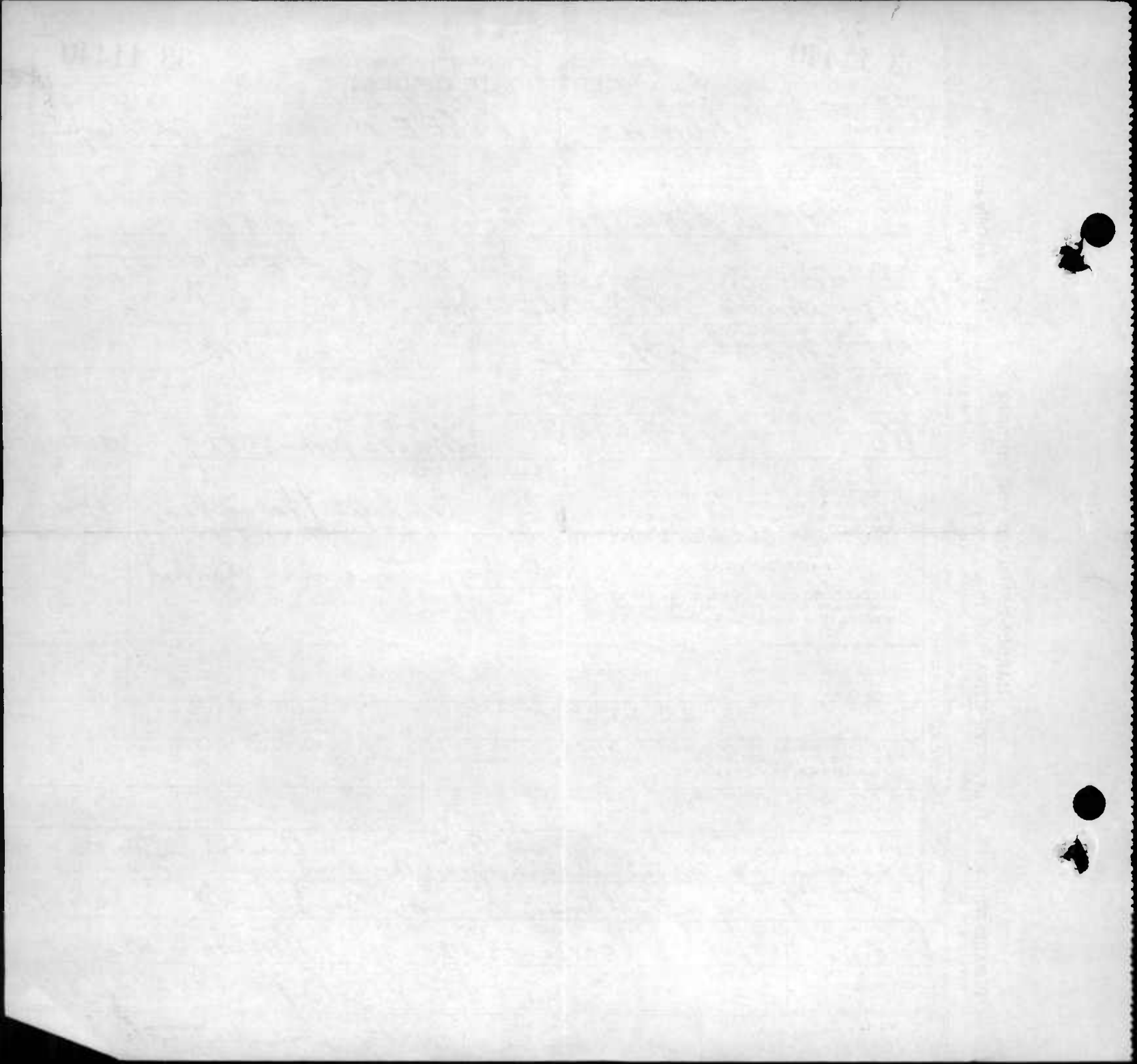
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>William R. Bryant</u>		2. DATE OF DEATH <u>12/24/53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u> C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Baltimore 25-52</u> D. STREET ADDRESS (If rural, give location) <u>2507 Georgetown Rd.</u>			
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <u>St Agnes Hospital</u>		c. Length of stay in Baltimore <u>68</u> Yrs. Mos. Days			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1-7-1888</u>	9. AGE (In years last birthday) <u>65</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer in Parks</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Balto. City</u>		11. BIRTHPLACE (State or foreign country) <u>Md.</u>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>Ransom T. Bryant</u>			
14. MOTHER'S MAIDEN NAME <u>Martha J. Cole</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT ADDRESS <u>Mrs. Cordelia Bryant 2507 Georgetown</u>			
18. <u>434.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <u>Congestive Heart Failure.</u> (B) <u>Uremia.</u> (C) _____ INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>27. Nov.</u> , 19 <u>53</u> , to <u>24. Dec.</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>24. Dec.</u> , 19 <u>53</u> , and that death occurred at <u>9:50 P.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Heuch Ochota</u>		23B. ADDRESS <u>St. Agnes' Hospital.</u>		23C. DATE SIGNED <u>25. Dec. 53.</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12-28-1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
24D. LOCATION (City, town, or county) (State) <u>Woodlawn Md.</u>		25. FUNERAL DIRECTOR ADDRESS <u>G. Howard Strong 3207 W. North Ave.,</u>			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-650		53 11440		BALTIMORE CITY HEALTH DEPARTMENT		53 11440	
BIRTH NO.				Registered No.			
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
Thomas J. GREEN				12/26/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)			
5. SEX				6. COLOR OR RACE			
MALE				White			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)				8. DATE OF BIRTH			
SINGLE				MAY-1884?			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY			
WATCHMAN				HOTEL			
11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY?			
BALTO MD				BALTO MD			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
NO				17. INFORMANT ADDRESS			
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH			
ANTECEDENT CAUSES				Cerebral Hemorrhage 4 days			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				Hypertension, marked ?			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			
19A. DATE OF OPERATION				IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II			
19A. DATE OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			
21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Oct 1953 to Dec 26, 1953, that I last saw the deceased alive on Dec 24 1953 and that death occurred at 11A m., from the causes and on the date stated above.							
23A. SIGNATURE				23B. ADDRESS			
Abram Goldman M. D.				206 S. Gilman St.			
23C. DATE SIGNED							
12/26/53							
24A. BURIAL, CREMATION, REMOVAL (Specify)				24B. DATE			
BURIAL				12/28/53			
24C. NAME OF CEMETERY OR CREMATORY				24D. LOCATION (City, town, or county) (State)			
MORELAND MEM PARK				BALTO MD			
DATE RECEIVED BY LOCAL REGISTRAR				25. FUNERAL DIRECTOR ADDRESS			
EC 271153				25. FUNERAL DIRECTOR ADDRESS			
7638B				7638B			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 11441

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Herbert Bickford2. DATE
OF
DEATH12-24-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF

HOSPITAL OR
INSTITUTIONUnion Memorial Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLANDBALTO.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)COCKEYSVILLE

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)MARRIED

8. DATE OF BIRTH

MAY 22, 19179. AGE (In years
last birthday)36If Under 1 Year
Months Days Hours Min.- - - -10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)INSURANCE AGENT10B. KIND OF BUSINESS OR
INDUSTRYLIFE INSURANCE

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?USA

13. FATHER'S NAME

EDWARD H. BICKFORD

14. MOTHER'S MAIDEN NAME

FANNIE CLINE15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)NONONE16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

FAMILY RECORDS18. E 816.4

CAUSE OF DEATH

INTERVAL BETWEEN
DNSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Crushing Injury of Chest
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Massive Bilateral Hemofluor
DUE TO
(C) Rupture of LiverII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)Road21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)1500 block E. Joppa Road5300

21D. TIME (Month) (Day) (Year) (Hour)

Dec. 24, 1953 11:05 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto and auto collision (driver)22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. ...

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

12-25-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)BURIAL

24B. DATE

DEC. 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

MORELAND MEMORIAL

24D. LOCATION (City, town, or county)

PARKVILLE, BALT. CO., MD.

(State)

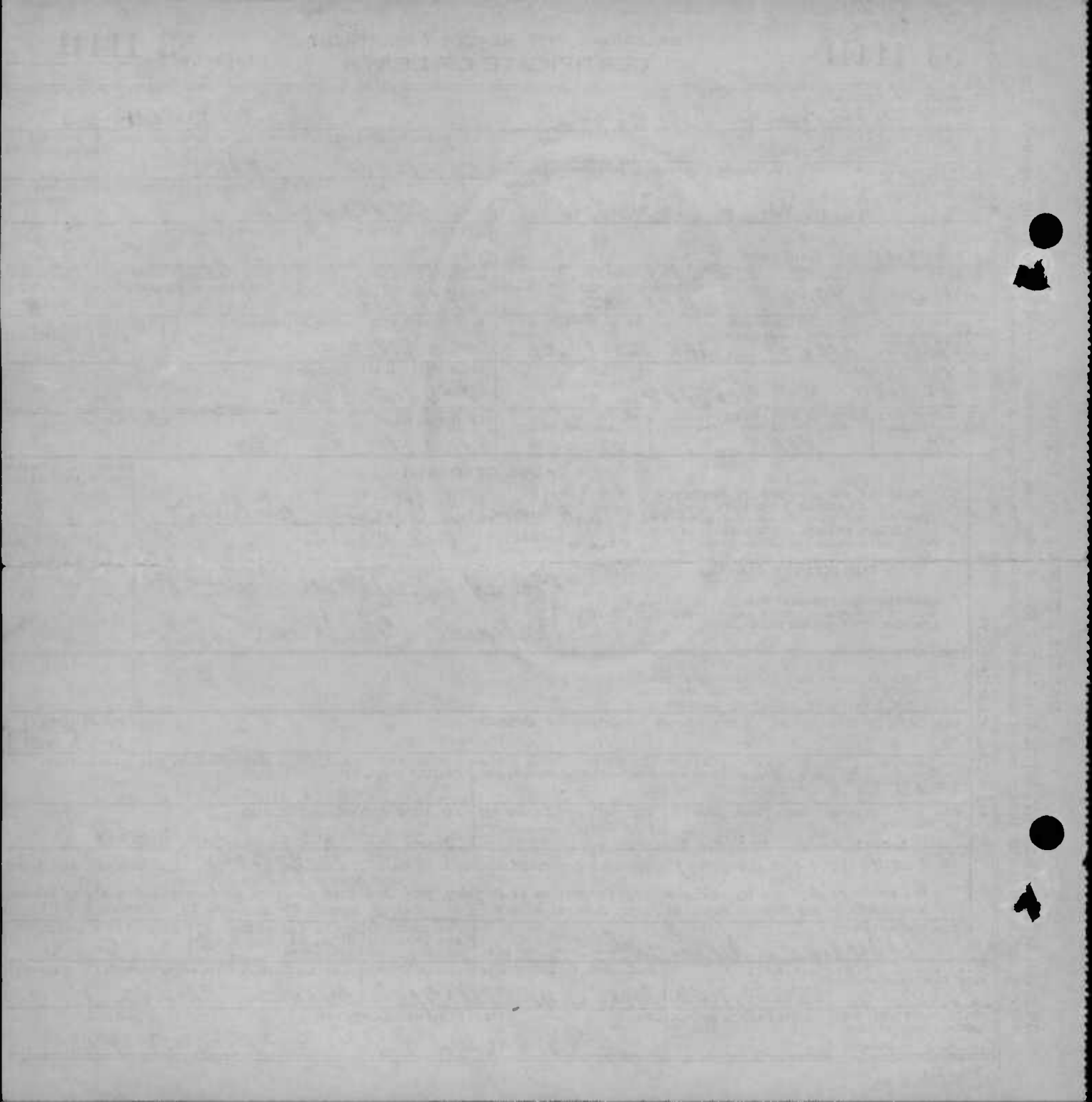
DATE RECEIVED BY
LOCAL REGISTRARDEC 28 1953

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JOHN BURNS' SONS, TOWSON, MD.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-236

MISTER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11442
Registered No.

53 11442

BIRTH NO.

1. NAME OF DECEASED

SARAH MINNIE MISTER

2. DATE OF DEATH

12/27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD

B. COUNTY Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SINAI Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto Md. 7-01

D. STREET ADDRESS (If rural, give location)

539 N. KENWOOD AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

8/6/80

9. AGE (In years last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia -

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

GEORGE R. SCOTT

14. MOTHER'S MAIDEN NAME

MARGARET MILLISON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Geo. Scott 539 N. KENWOOD AVE

18.

170X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Prob. PULMONARY EMBOLISM

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CARCINOMA Breast - Left

19A. DATE OF OPERATION

12/22/53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Ca. of Breast

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20/1953 to 12/27/1953, that I last saw the deceased alive on 12/27/1953, and that death occurred at 10:00 Am., from the causes and on the date stated above.

23A. SIGNATURE

Robert S. Coplow

23B. ADDRESS

M. O.

Sinai Hospital

23C. DATE SIGNED

12/27/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

1-1-54

24C. NAME OF CEMETERY OR CREMATORY

Mt Holly

24D. LOCATION (City, town, or county) (State)

DANMOK VIRGINIA

DATE RECEIVED BY LOCAL REGISTRAR

DEC 28 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Howard H. Hubbard 2503 Edmondson Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CCG-173023

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11443
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minerva Dutton

2. DATE
OF
DEATH

Dec. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

773 George, St #17

c. Length of stay in Baltimore

10 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Mar. 6, 1919

9. AGE (In years last birthday)

34

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Minnie Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern, Ave (records)

18. 356.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Amyotrophic Lateral Sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3, 1953, to 12-26, 1953 that I last saw the deceased alive on 12-26, 1953, and that death occurred at 12:05 a. m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. J. J. J.

23B. ADDRESS

M. D.

4940 Eastern, Ave Balto. Md.

23C. DATE SIGNED

12-26-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/30/53

24C. NAME OF CEMETERY OR CREMATORY

White Haven Cemetery

24D. LOCATION (City, town, or county)

White Haven, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 28 1953

REGISTRAR'S SIGNATURE

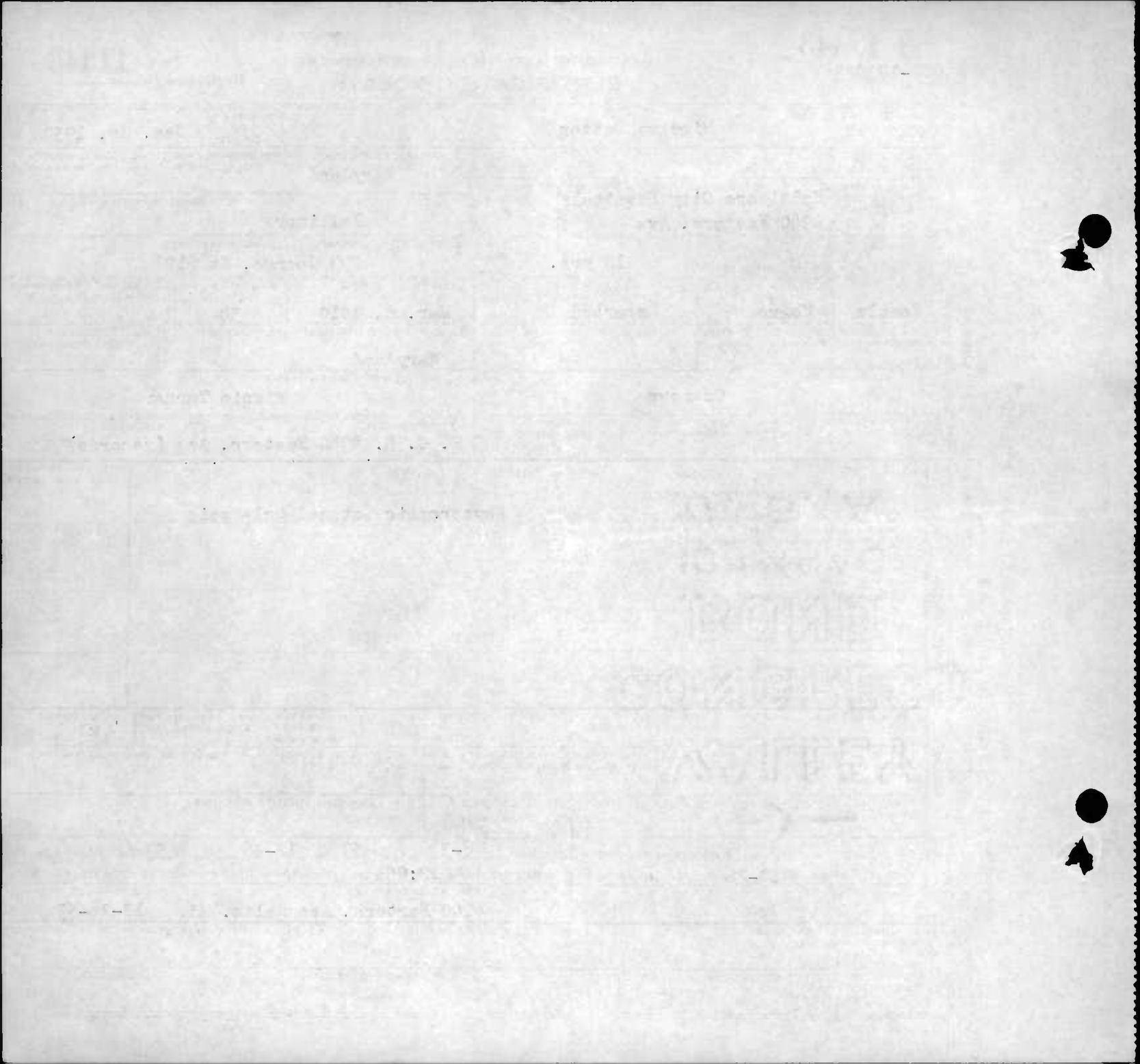
H. J. J. J. J.

25. FUNERAL DIRECTOR

C. J. J. J. J.

ADDRESS

C. J. J. J. J.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-200

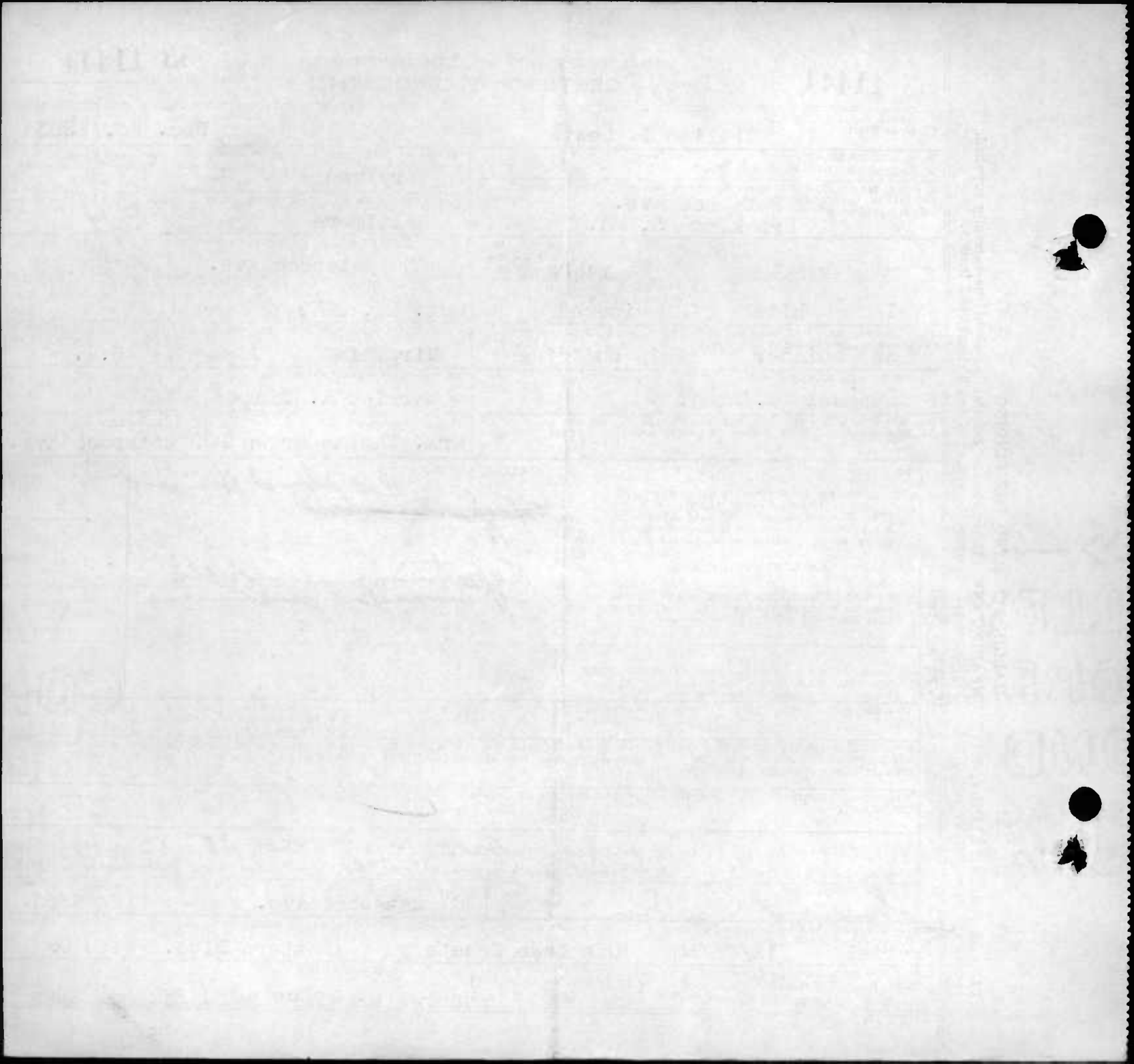
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11444
Registered No.

53 11444
BIRTH NO.

1. NAME OF DECEASED (Type or Print) William T. Lewis			2. DATE OF DEATH Dec. 25, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 909 Patapsco Ave. Brooklyn 25, Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 25-04		
D. STREET ADDRESS (If rural, give location) 909 Patapsco Ave.			E. LENGTH OF STAY IN BALTIMORE 15 years		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 21, 1871		9. AGE (in years last birthday) 82 yrs
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) boat builder			10B. KIND OF BUSINESS OR INDUSTRY Ship Building		11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME Samuel J. Lewis		
14. MOTHER'S MAIDEN NAME Harriet R. Timbs			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Thelma Brown 909 Patapsco Ave.		
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Cerebral Hemorrhage</i> (A) <i>Stroke</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Hypertension Cerebral</i> <i>arteriosclerosis</i> DUE TO (C) <i>arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Nov 15, 1953 to Dec 25, 1953 that I last saw the deceased alive on 12/22, 1953 and that death occurred at 2:30 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Samuel R. Lewis		23B. ADDRESS 201 Patapsco Ave.		23C. DATE SIGNED 12/26/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/28/53		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
24D. LOCATION (City, town, or county) (State) Eastern Blvd. Balto Co		25. FUNERAL DIRECTOR ADDRESS George J. Gonce 4001 Ritchie Hwy			
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.			

VS 750



G-600

53 11445

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11445
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Rosa Gury</i>		2. DATE OF DEATH <i>12-24-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>680 Josephine St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 4-02</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>680 Josephine St.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>2-17-93</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Private Family</i>	9. AGE (In years last birthday) Months Days Hours Min. <i>60?</i>
11. BIRTHPLACE (State or foreign country) <i>Amelia Co., Va.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Spencer Dennis</i>		14. MOTHER'S MAIDEN NAME <i>Betty Dennis</i>	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Wm Botts</i>		ADDRESS <i>1318 McCulloh St.</i>	

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspr Inquiry* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

12-25-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

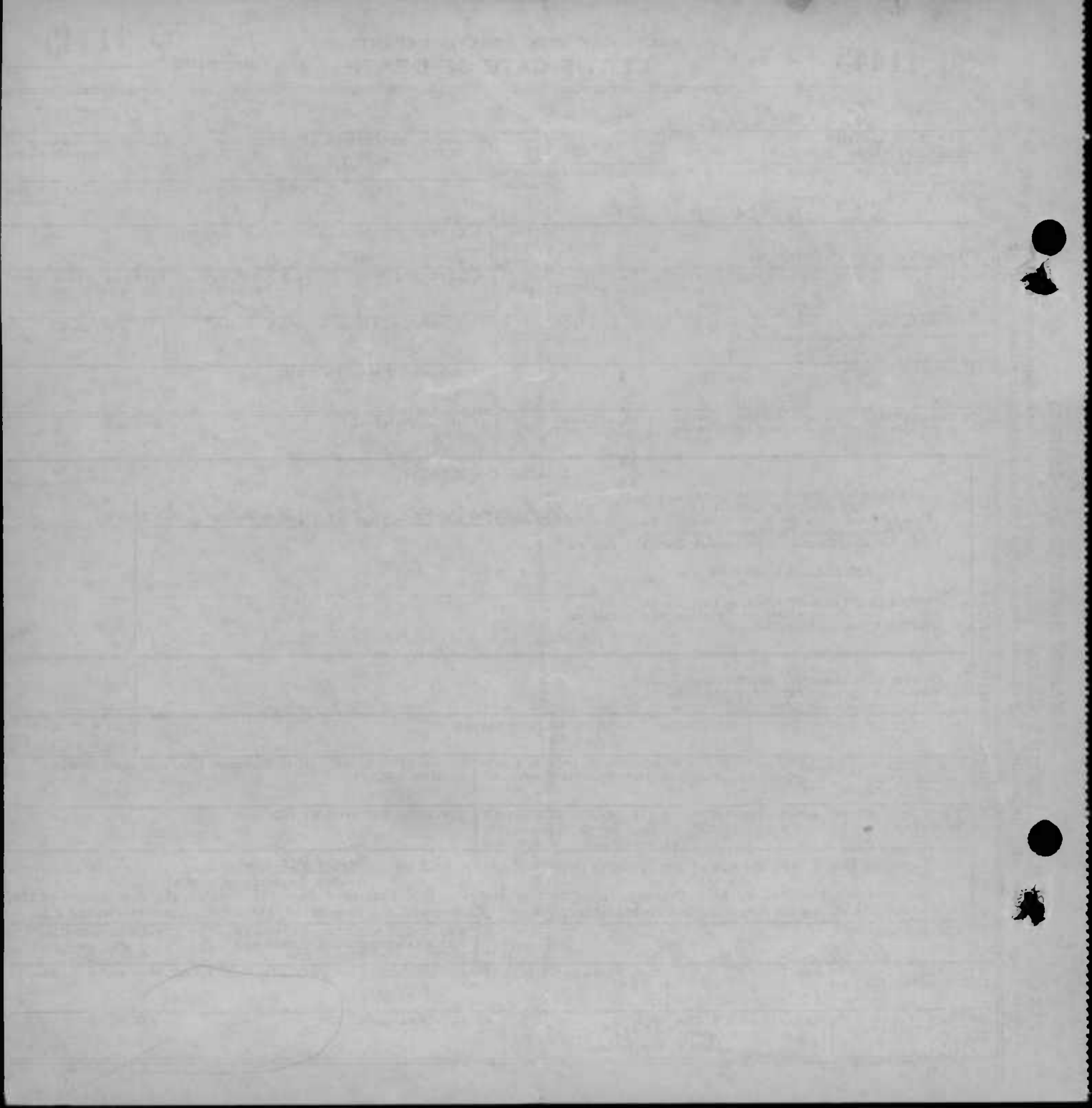
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

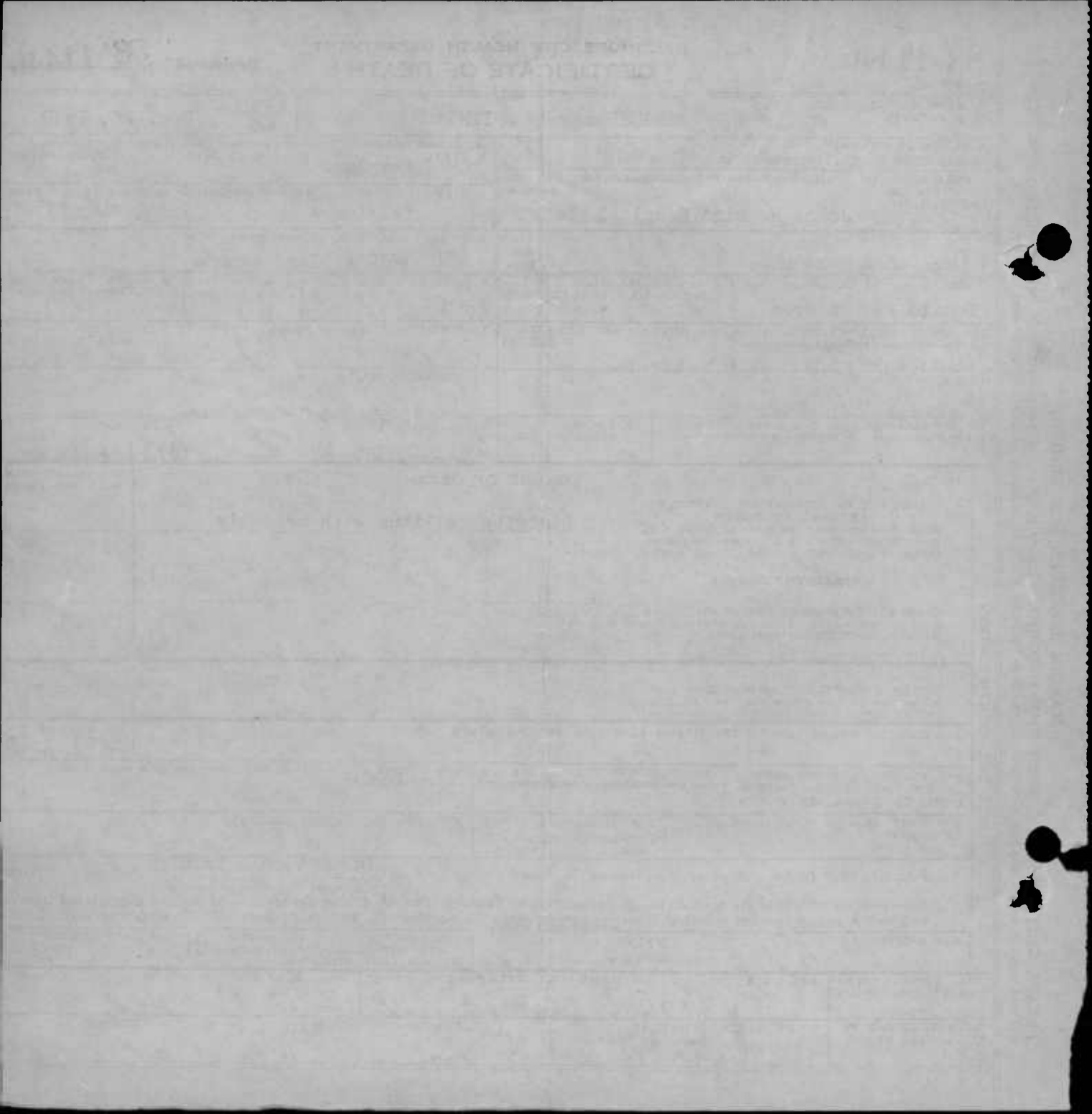


53 11446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11446

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		AUGUSTUS SMITH		2. DATE OF DEATH Dec. 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-02			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1312 Ashland Avenue			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 6-8-1888		9. AGE (In years last birthday) 65		10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Balto. Co. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Emanuel Smack				14. MOTHER'S MAIDEN NAME Elija Citizen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Araminta M. Smith		ADDRESS 1312 Ashland Ave	
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Diabetes mellitus with acidosis (A) DUE TO				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE J. P. Fisher				23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Dec. 24, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/28/53		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park		24D. LOCATION (City, town, or county) (State) Balto., Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Charles Law		ADDRESS 802 Mad. ave.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11447

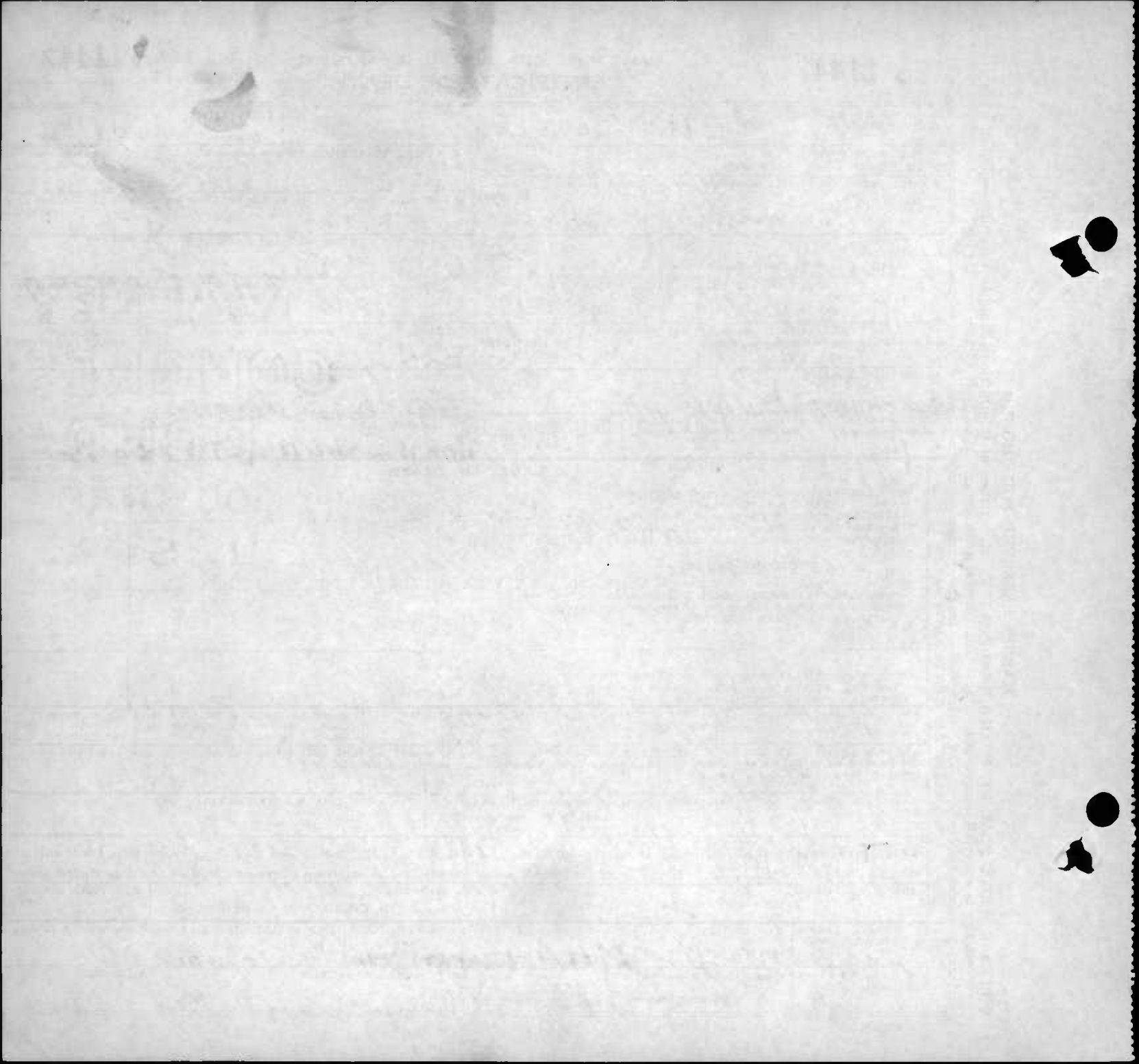
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11447
Registered No.

BIRTH NO. 53 11447

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Ella Schultz.		12/24/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baltimore City	
B. FULL NAME OF HOSPITAL OR INSTITUTION 38 University of Md Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1019 Briscoe St	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HSEW		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In year, last birthday) 63
11. BIRTHPLACE (State or foreign country) Balto. Co., Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Anthony Randolph		14. MOTHER'S MAIDEN NAME Sarah Randolph	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —	
17. INFORMANT John Schultz, 2744 Boelter		ADDRESS Ba.	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Thrombosis DUE TO ANTECEDENT CAUSES (B) Arteriosclerotic Cardio-vascular Disease DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/18, 1953, to 12/24, 1953, that I last saw the deceased alive on 12/18, 1953, and that death occurred at 7:02 A.M., from the causes and on the date stated above.			
23A. SIGNATURE C.W. Brady		23B. ADDRESS University of Md Hosp	
23C. DATE SIGNED 12/24/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/28/53	
24C. NAME OF CEMETERY OR CREMATORY Mt. Arburn Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
25. FUNERAL DIRECTOR Huntington Williams		ADDRESS Charles A. Law, 802 Madison Ave.	

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11448

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11448

R-200

BIRTH NO. 53 11448

1. NAME OF DECEASED (Type or Print) DAVID SCARLETT ROSS		2. DATE OF DEATH Dec 26 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Ind B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3121 St Paul St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-02	
C. Length of stay in Baltimore 50 Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days		D. STREET ADDRESS (If rural, give location) Home wood Apts N Charles St	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Mar 31 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10B. KIND OF BUSINESS OR INDUSTRY Real Estate	9. AGE (In years last birthday) 67
11. BIRTHPLACE (State or foreign country) Georgia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John D. Ross		14. MOTHER'S MAIDEN NAME Katherine Mehrtens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Miss Betsy J Bacon		ADDRESS 3121 St Paul St	
18. I 177x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Prostatic Carcinoma DUE TO (A) Prostatic Carcinoma ANTECEDENT CAUSES (B) 4 complications associated with it DUE TO (C) with it			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 26 , 19 53 , to Dec 26 , 19 53 , that I last saw the deceased alive on Dec 26 , 19 53 , and that death occurred at 12 noon from the causes and on the date stated above.			
23A. SIGNATURE Samuel Morrison M. D.		23B. ADDRESS 11 E. Chase St	23C. DATE SIGNED 12/26/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 29/53	24C. NAME OF CEMETERY OR CREMATORY Lorraine	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953	REGISTRAR'S SIGNATURE William W. Williams	25. FUNERAL DIRECTOR H. H. Jenkins & Sons Co 4905 York Rd	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-645

53 11449

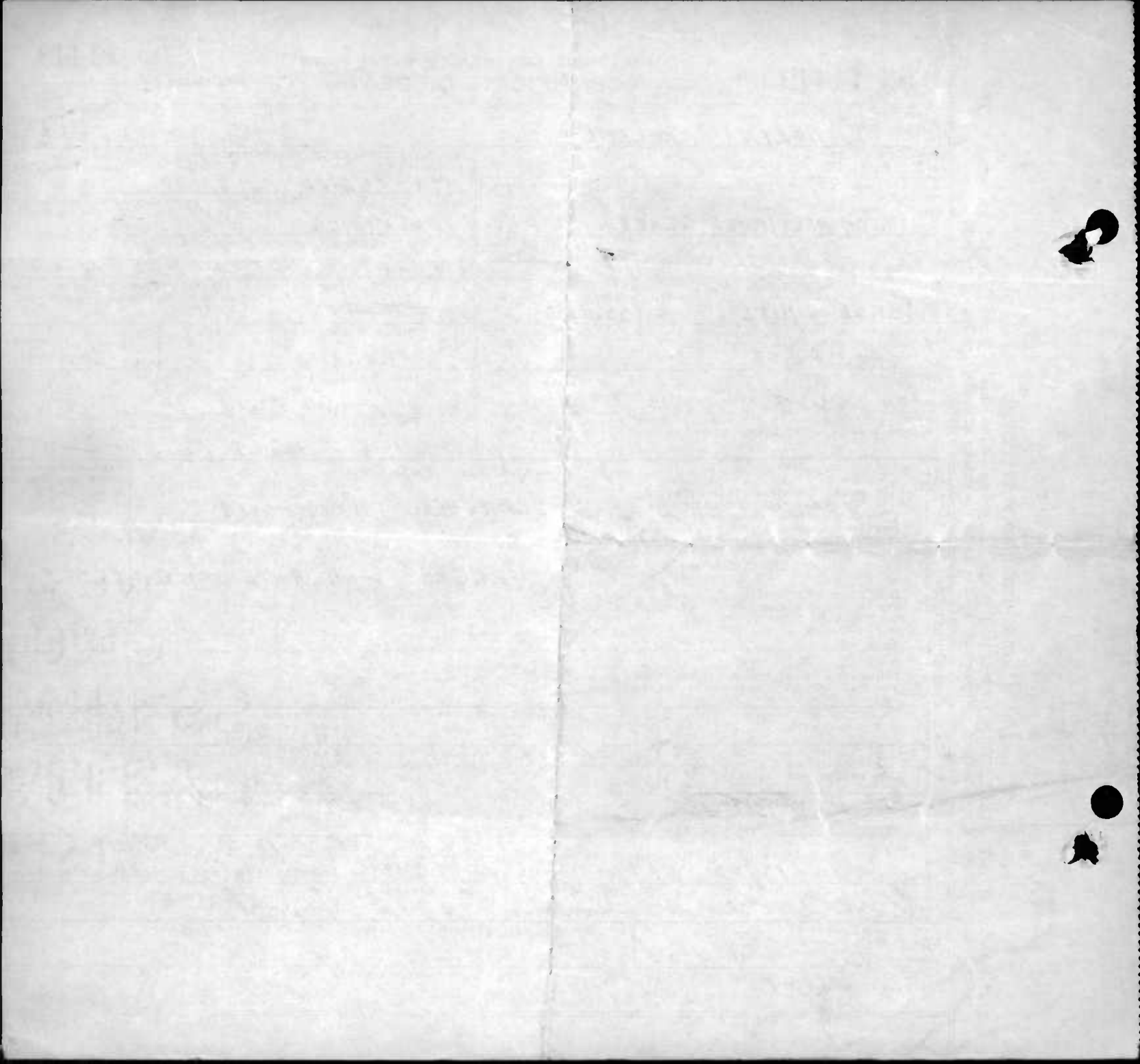
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11449

Registered No.

1. NAME OF DECEASED (Type or Print) BERTHA IRELAND		2. DATE OF DEATH 12-25-53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY BALTIMORE	
b. FULL NAME OF (If not in hospital or institution, give street address or location) SOUTH BALTIMORE GENERAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore 67 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 200 E. MONTGOMERY ST. # 30	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3/14/1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 67
13. FATHER'S NAME JOHN GEORGE BIRICK		11. BIRTHPLACE (State or foreign country) MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME JOHN-KNOWN	
17. INFORMANT Mrs Helen Sadowski		ADDRESS Home	
18. 332X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) CEREBRAL THROMBOSIS	
ANTECEDENT CAUSES		(B) GENERALIZED ARTERIOSCLEROSIS	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/24 , 19 53 , to 12/25 , 19 53 , that I last saw the deceased alive on 12/25 , 19 53 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
23a. SIGNATURE Ronald Brown Jensen		23b. ADDRESS 1212 Light St.	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/29/53		24c. NAME OF CEMETERY OR CREMATORY St. Charles Cemetery	
24d. LOCATION (City, town, or county) (State) Federick Ave		25. FUNERAL DIRECTOR J. J. Foley & Sons	
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953		REGISTRAR'S SIGNATURE Thurston W. Williams	
VS 150		ADDRESS 1318 Light St.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11450

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Rose

2. DATE
OF
DEATH

Dec. 24 '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

D. STREET ADDRESS (If rural, give location)

2907 W Lanvale St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 3 - 1885

9. AGE (in years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shawmut - Ret

10B. KIND OF BUSINESS OR
INDUSTRY

BTO

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Rose

14. MOTHER'S MAIDEN NAME

Nellie Rundel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Noomi N Rose - 2907 W Lanvale

18.

420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary thrombosis One week

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1953, that I last saw the
deceased alive on Dec. 24, 1953, and that death occurred at 9:20 pm from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

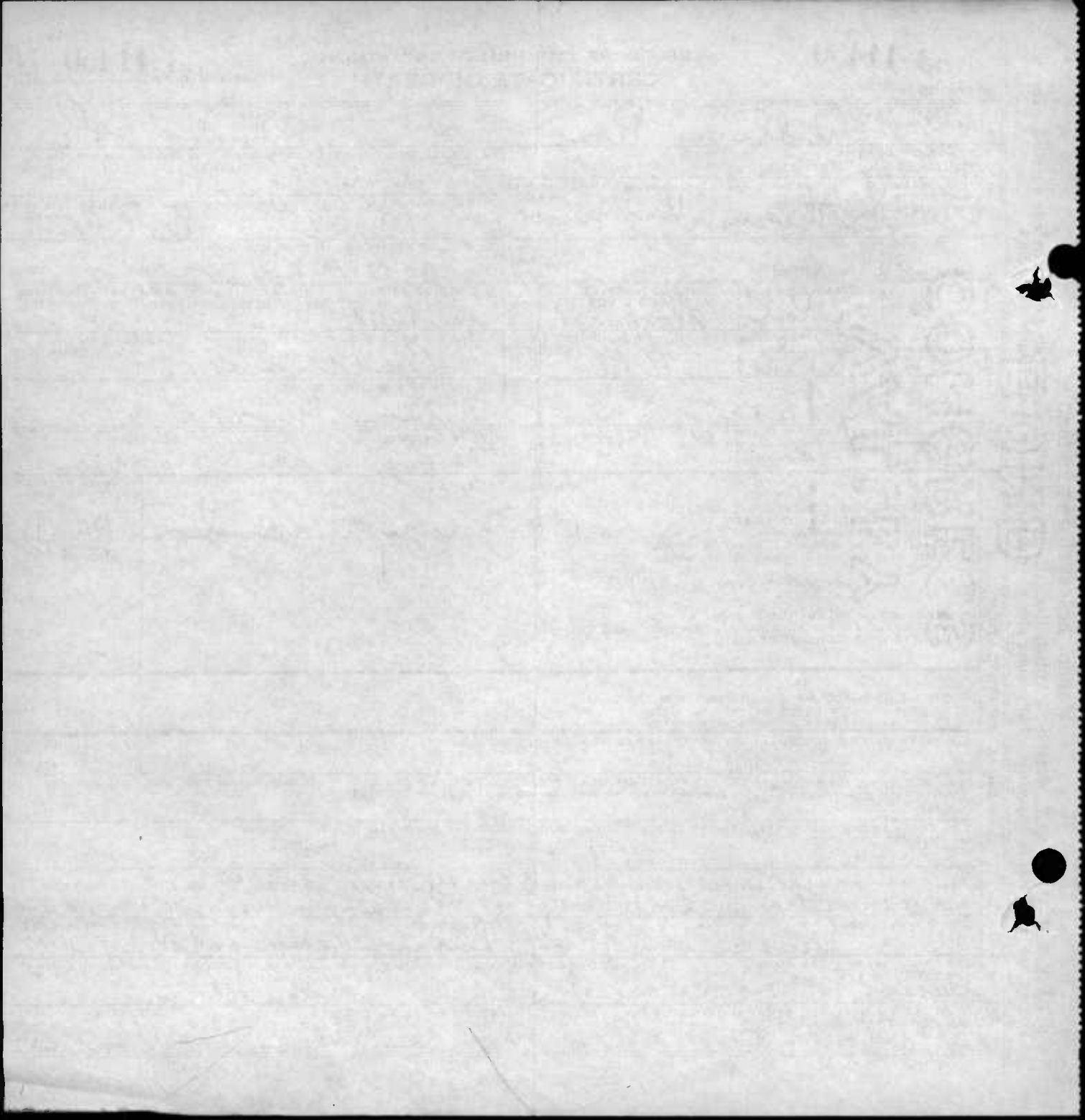
DEC 28 1953

Huntington Williams

Farm Cook Inc - 1217 St Paul St

VS 150

57450



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11451

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11451

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD HENRY SIEGMUND

2. DATE
OF
DEATH

12/26/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3017 Weaver Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto 27-02

D. STREET ADDRESS (If rural, give location)

3017 Weaver Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11/6/1870

9. AGE (In years
last birthday)

83

10. Under 1 Year

Months: Days: 1 20

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR
INDUSTRY

Grocery

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Chas. Siegmund

14. MOTHER'S MAIDEN NAME

Fredricka Ostman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Chas. G. Siegmund Weaver Ave

18.

420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

PULMONARY EDEMA

DUE TO

ANTECEDENT CAUSES

(B)

ARTERIOSCLEROTIC HEART D.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

12/25/53

YRS.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

GANGRENE FOOT, RIGHT

10/53

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to 12/26/53, 19, that I last saw the
deceased alive on 12/25/53, 19, and that death occurred at 3:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Walter E. Bar/9m

23B. ADDRESS

4331 HARFORD Rd

23C. DATE SIGNED

12/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/29/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 28 1953

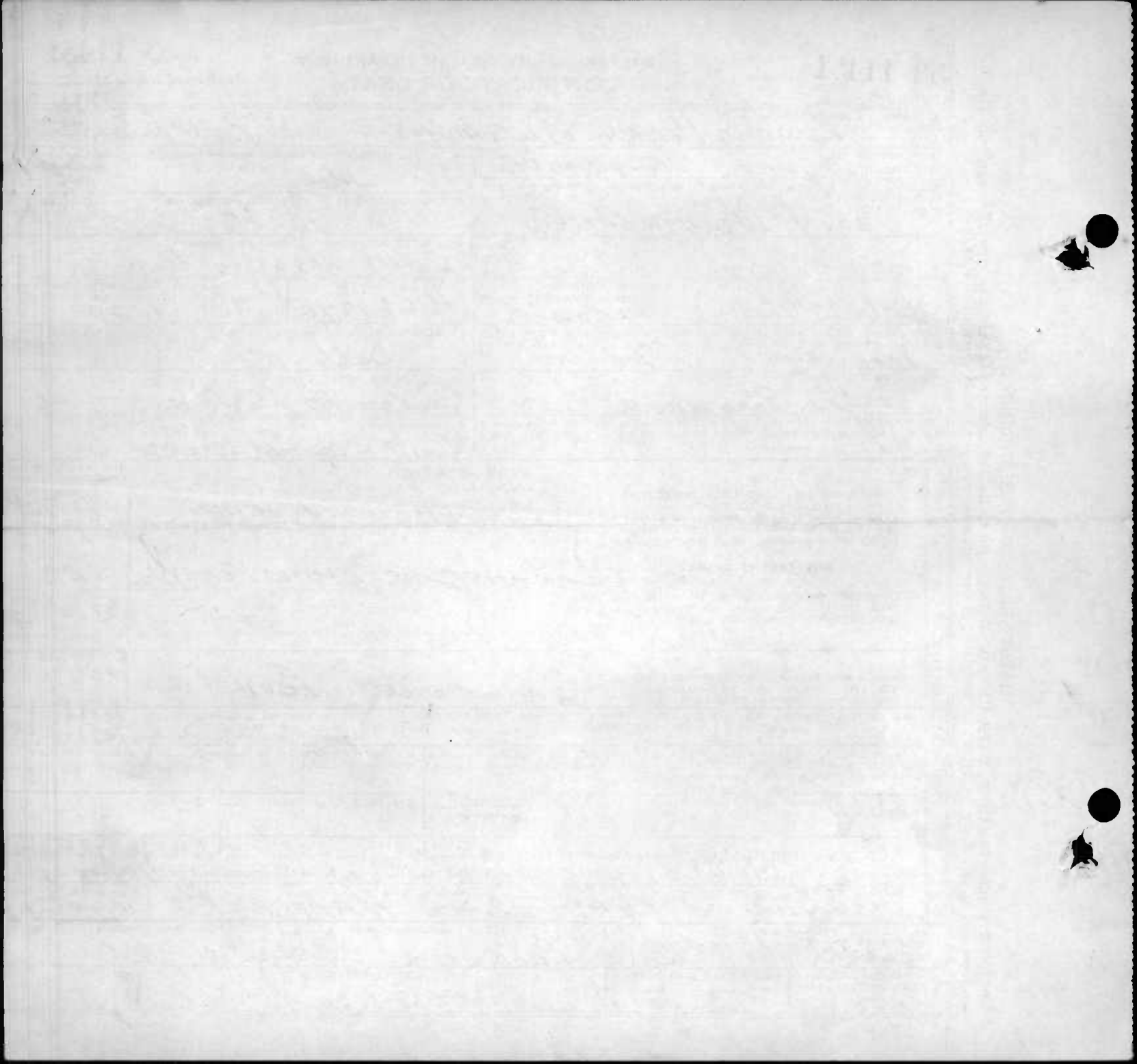
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. J. Cook Inc. 1217 St. Paul St

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11452**BIRTH NO. **53 11452**1. NAME OF DECEASED
(Type or Print) **Whiter Rice (Rys)**2. DATE
OF
DEATH **12-25-53**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Md.** B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION **Queen Memorial**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township) **Balto 12-07**

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
2504 Md. Ave

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

8/25/19059. AGE (In years
last birthday) **48**If Under 1 Year
Months: Days
4 110A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Chauffeur**10B. KIND OF BUSINESS OR
INDUSTRY**Downton Garage**11. BIRTHPLACE (State or foreign country)
N.J.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Casper Rys

14. MOTHER'S MAIDEN NAME

Alice Guria15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) **No** (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.**218-03-4144**

17. INFORMANT

ADDRESS

Alice Rice 2504 Md. Ave18. **E891.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Carbon Monoxide Poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)**Garage**21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)**Rear of 2504 Maryland Avenue 12/7**

21D. TIME (Month) (Day) (Year) (Hour)

Dec. 25, 1953 10:30 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found in auto with motor running22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Smith23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR ☒ **12-26-53**

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

12/29/53

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Balto. Md.DATE RECEIVED BY
LOCAL REGISTRAR

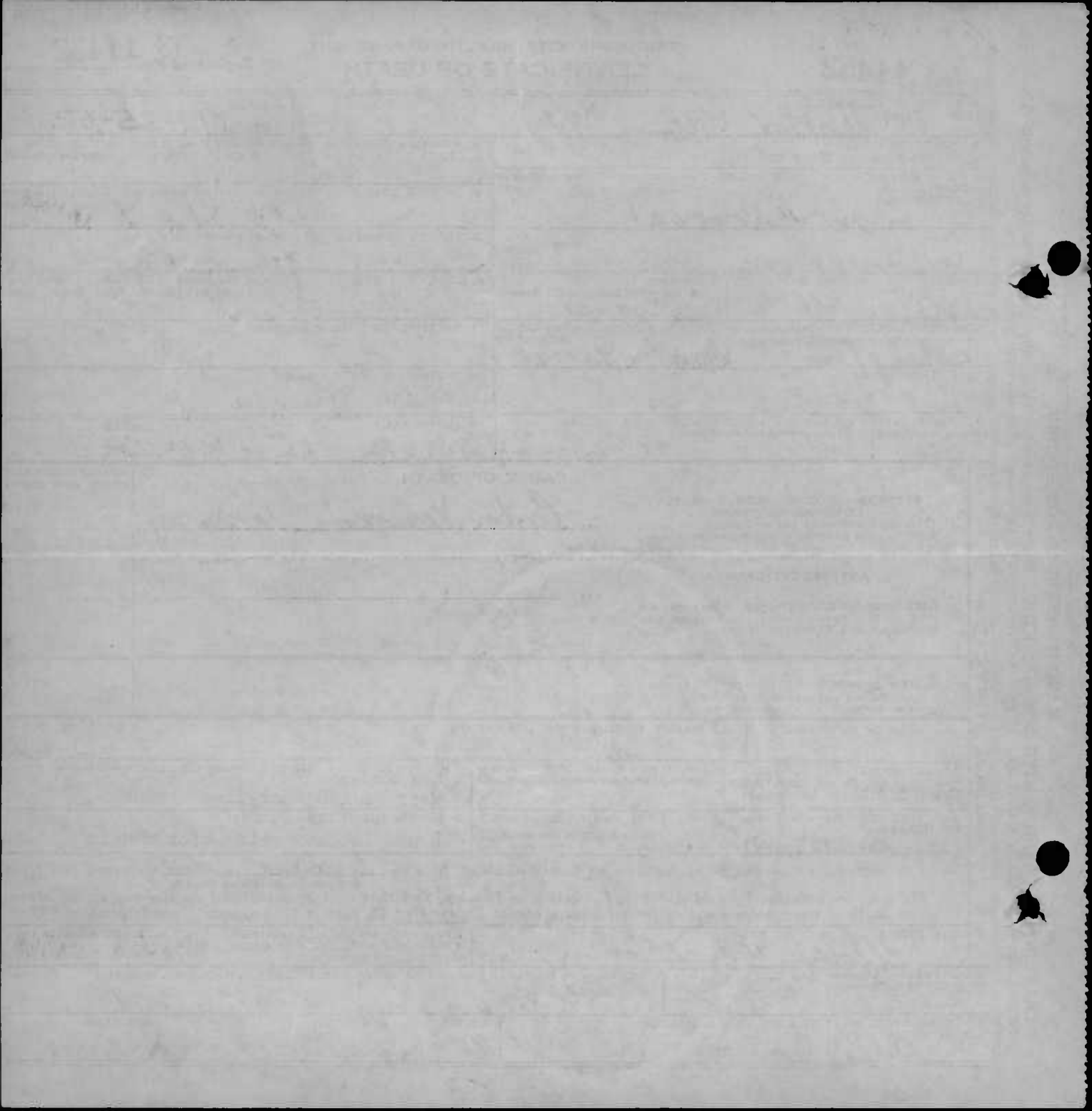
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11453****53 11453**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Heller, Vernon C.*2. DATE
OF
DEATH*Dec 26/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*Franklin Sq. Hosp.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-0

D. STREET ADDRESS (If rural, give location)

*133 NEWINGTON AVE
Fayette + Calhoun St.*

c. Length of stay in Baltimore

*50 Yrs.
Mos:
Days*

5. SEX

M

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*7-28-1903*9. AGE (In years
last birthday)*50*11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Newsman*10B. BUSINESS OR
INDUSTRY*WEBB PRESSMAN*

11. BIRTHPLACE (State or foreign country)

*MD*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Heller

14. MOTHER'S MAIDEN NAME

*Mary E. Heness*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Rose Heller 122 Pratt St.*18. *581.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Hepatic cancer*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hepatic cirrhosis*

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-8, 1953* to *12-26, 1953* that I last saw the
deceased alive on *12-26, 1953* and that death occurred at *2:09 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Paul M. Huntington

M. D.

23B. ADDRESS

Franklin Sq Hosp.

23C. DATE SIGNED

*Dec 26/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

12/29/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

*Parkville Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Bok, Inc. 1217 St. Paul St



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FVJ 177317

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11454

Registered No.

BIRTH NO. 53 11454

1. NAME OF DECEASED
(Type or Print)

Edna Disterdick

2. DATE OF DEATH
12-25-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
Baltimore City Hospitals
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1802 Eutaw Place #17

5. SEX

Female

6. COLOR OR RACE

W hite

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

April 22, 1892

9. AGE (In years,
last birthday)

62

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own House

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William H. Derr

14. MOTHER'S MAIDEN NAME

Florence C. Markle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. 4940 Eastern Avenue (records)

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Diabetic Insulin Shock

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3-1953, to 12-25-1953, that I last saw the deceased alive on 12-25-1953, and that death occurred at 6:35 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

12-25-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/29/53

Morland Park Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

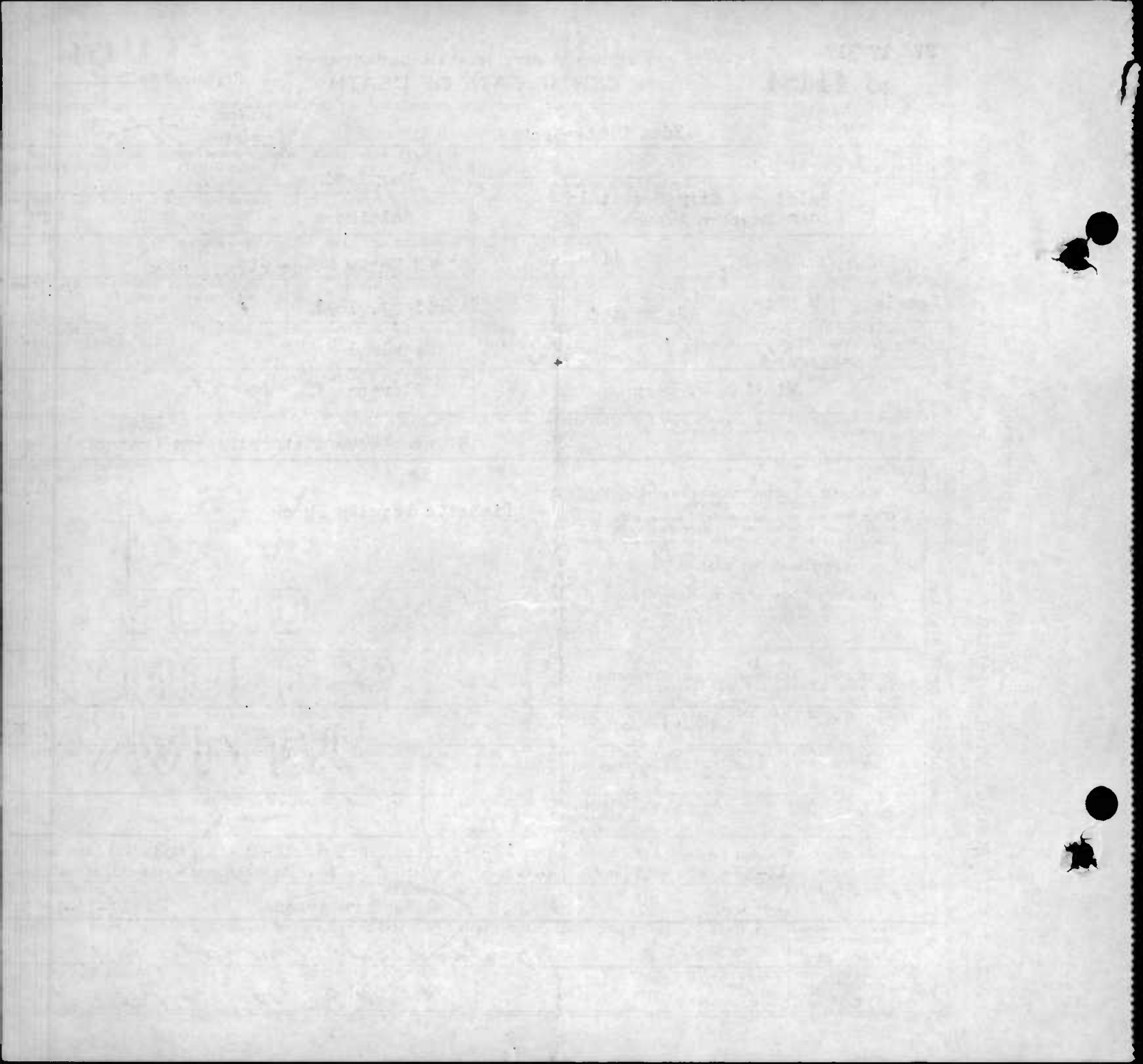
25. FUNERAL DIRECTOR

ADDRESS

DEC 28 1953

Huntington Williams

Wm Gok Inc 1217 St. Paul St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11455**BIRTH NO. **53 11455**

1. NAME OF DECEASED (Type or Print) DORSEY CLARK			2. DATE OF DEATH Dec. 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 615 St. Paul St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE MARRIED. WIDOWED DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-22-1891	9. AGE (In years last birthday) 62	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10B. KIND OF BUSINESS OR INDUSTRY EXCELLO CONSTRUCTION CO.		11. BIRTHPLACE (State or foreign country) Pa.
13. FATHER'S NAME Dorsey Clark			14. MOTHER'S MAIDEN NAME Jane Wigfield		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, an or unknown) (If yes, give war or dates of service) Yes W-W-#1		16. SOCIAL SECURITY NO.	17. INFORMANT 3231 ADDRESS EVA U. Clark Northern Ph'wy		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. Jachimske M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Dec. 22, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-28/53		24C. NAME OF CEMETERY OR CREMATORY Meadow Ridge	
24D. LOCATION (City, town, or county) (State) Balto; Md		25. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS	

111

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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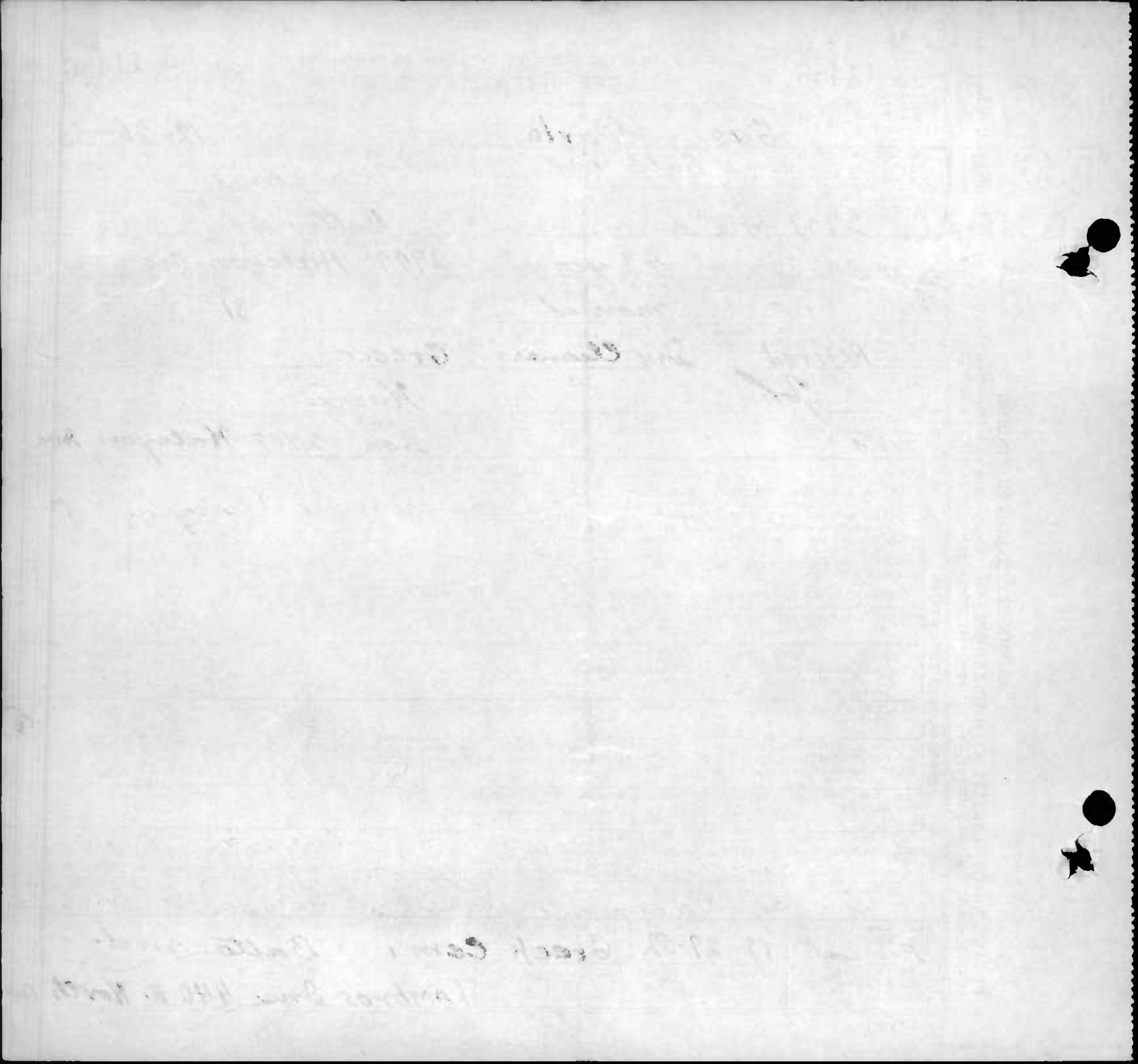


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-640
53 11456
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11456
Registered No.

1. NAME OF DECEASED (Type or Print) Gus Parlo		2. DATE OF DEATH 12-26-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto md		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2907 Halcyon Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 42 years Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2907 Halcyon Ave 27-03	
5. SEX m	6. COLOR OR RACE w	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH AGE (In years last birthday) 81 Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Dry Cleaners	
11. BIRTHPLACE (State or foreign country) Greece		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John		14. MOTHER'S MAIDEN NAME Harris	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Son		ADDRESS 2907 Halcyon Ave	
18. 148X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Pharynx DUE TO INTERVAL BETWEEN ONSET AND DEATH 2 yrs			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June , 19 48 , to Dec 26 , 19 53 , that I last saw the deceased alive on Dec 26 , 19 53 , and that death occurred at 10 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE George Samaras M. D.		23B. ADDRESS 4808 Harford Rd	
23C. DATE SIGNED 12/28/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-29-52	
24C. NAME OF CEMETERY OR CREMATORY Greek Cem,		24D. LOCATION (City, town, or county) (State) Balto. md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Lambros Inc.		ADDRESS 440 E. North Av	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

8 L-526
53 11457

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11457
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELMER LEE LANGRALL

2. DATE
OF
DEATH

DEC. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

THE UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

20-07

D. STREET ADDRESS (If rural, give location)

3501 EDMONDSON AVE #29

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 4, 1902

9. AGE (in years last birthday)

51

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MERCHANT

10B. KIND OF BUSINESS OR INDUSTRY

THOMAS FOOD MARKET

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

IRVING LANGRALL

14. MOTHER'S MAIDEN NAME

SUSIE ROBINSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Mrs. Addie Langrall, 3501 Edmondson Ave

18. 416x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Cardiac decompensation
Rheumatic heart disease

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Decubitus ulcer

INTERVAL BETWEEN ONSET AND DEATH

Aug 18, 1953
Dec. 26, 1953

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 18th, 1953 to Dec 26, 1953 that I last saw the deceased alive on Dec 26, 1953, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul M. Alece

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

Dec 26, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 29/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

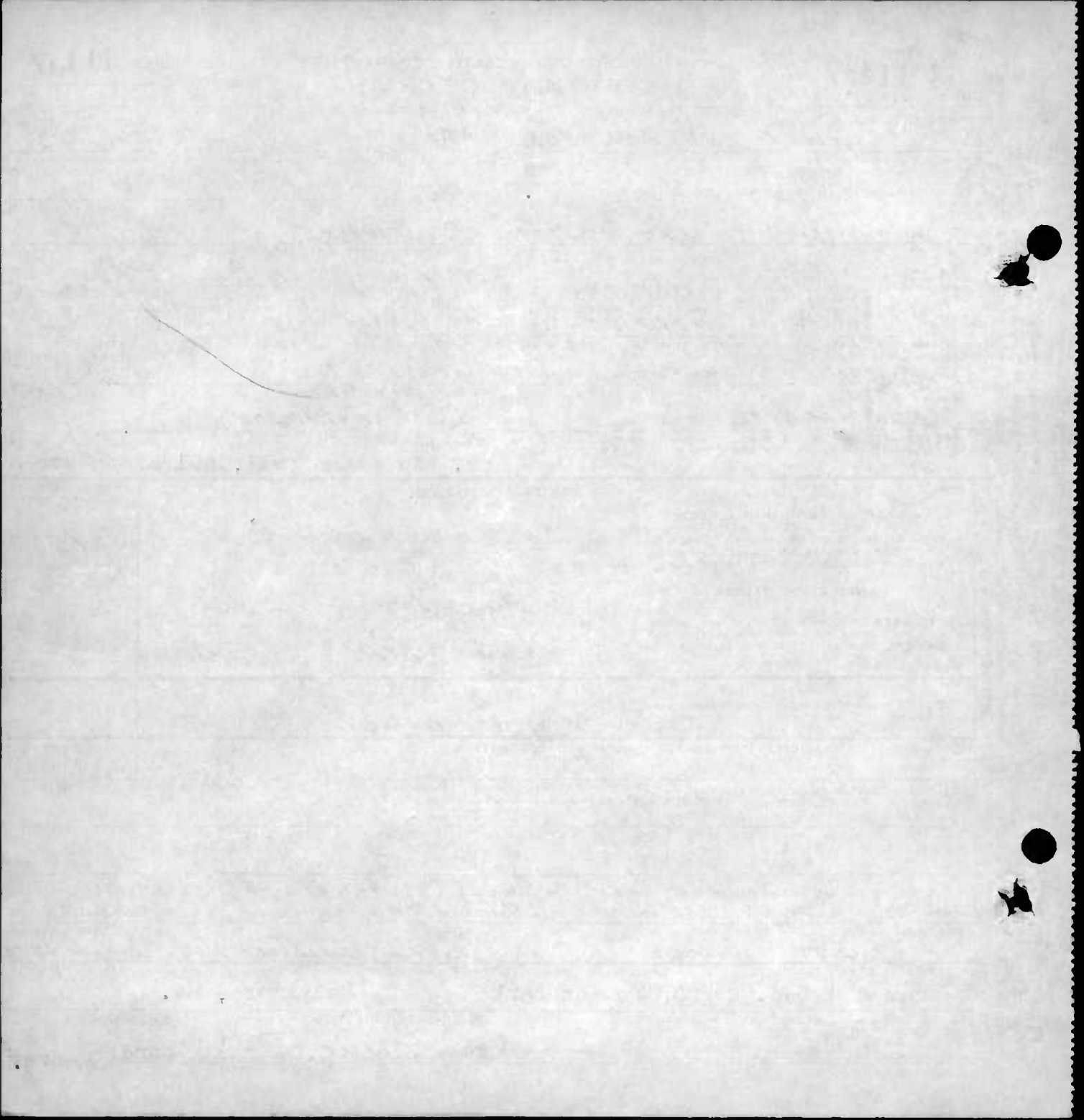
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, Harry F. White, 4101 Edmondson Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11458

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MELVIN W. TEMPLE Jr.

2. DATE
OF
DEATH Dec. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY Anne ArundelB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Pasadena township)

D. STREET ADDRESS (If rural, give location)

Box 509 - Riverside Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 29, 1936

9. AGE (In years
last birthday)

17

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ernest L. Temple, Sr.

14. MOTHER'S MAIDEN NAME

Ruth C. Sinclair

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ernest L. Temple, Pasadena, Md.

18. E816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral fat embolism

DUE TO Compound comminuted fracture, left femur

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Mountain Rd.-2 miles from Lipton's

21D. TIME (Month) (Day) (Year) (Hour)

Dec. 18, 1953

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto and auto collision (driver)

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
12/24/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 28/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry H. Hutzler

ADDRESS

4101 Edmondson Ave.

VS 151

N 821.0

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

County of _____

1950

1. Name of Deceased		2. Sex		3. Race		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Informant		13. Signature of Medical Examiner		14. Signature of Coroner		15. Signature of Jury	
16. Signature of Burial Officer		17. Signature of Funeral Home		18. Signature of Cemetery		19. Signature of Undertaker		20. Signature of Burial	
21. Signature of Interment		22. Signature of Burial		23. Signature of Burial		24. Signature of Burial		25. Signature of Burial	
26. Signature of Burial		27. Signature of Burial		28. Signature of Burial		29. Signature of Burial		30. Signature of Burial	
31. Signature of Burial		32. Signature of Burial		33. Signature of Burial		34. Signature of Burial		35. Signature of Burial	
36. Signature of Burial		37. Signature of Burial		38. Signature of Burial		39. Signature of Burial		40. Signature of Burial	
41. Signature of Burial		42. Signature of Burial		43. Signature of Burial		44. Signature of Burial		45. Signature of Burial	
46. Signature of Burial		47. Signature of Burial		48. Signature of Burial		49. Signature of Burial		50. Signature of Burial	
51. Signature of Burial		52. Signature of Burial		53. Signature of Burial		54. Signature of Burial		55. Signature of Burial	
56. Signature of Burial		57. Signature of Burial		58. Signature of Burial		59. Signature of Burial		60. Signature of Burial	
61. Signature of Burial		62. Signature of Burial		63. Signature of Burial		64. Signature of Burial		65. Signature of Burial	
66. Signature of Burial		67. Signature of Burial		68. Signature of Burial		69. Signature of Burial		70. Signature of Burial	
71. Signature of Burial		72. Signature of Burial		73. Signature of Burial		74. Signature of Burial		75. Signature of Burial	
76. Signature of Burial		77. Signature of Burial		78. Signature of Burial		79. Signature of Burial		80. Signature of Burial	
81. Signature of Burial		82. Signature of Burial		83. Signature of Burial		84. Signature of Burial		85. Signature of Burial	
86. Signature of Burial		87. Signature of Burial		88. Signature of Burial		89. Signature of Burial		90. Signature of Burial	
91. Signature of Burial		92. Signature of Burial		93. Signature of Burial		94. Signature of Burial		95. Signature of Burial	
96. Signature of Burial		97. Signature of Burial		98. Signature of Burial		99. Signature of Burial		100. Signature of Burial	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

⑤ T-650
53 11459

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11459

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert A. Torney, Sr.

2. DATE
OF
DEATH

Dec. 25/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

810 PRIMSON AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

810 Primson Ave. 25-41

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

June 3/93

9. AGE (in years,
last birthday)

60

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of last 12 months, except retired)

Retired Conductor

10B. KIND OF BUSINESS OR INDUSTRY

B. & O. R. R.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert A. Torney

14. MOTHER'S MAIDEN NAME

Caroline Hinkle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Amelia Torney, 810 Primson Ave

18. 260x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

1 day

DUE TO

ANTECEDENT CAUSES

(B)

Diabetes Mellitus

10 yrs

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to 12/25, 1953, that I last saw the deceased alive on 12/25, 1953, and that death occurred at 5 PM, from the causes and on the date stated above.

23A. SIGNATURE

E. S. Haeppel

23B. ADDRESS

4300 Hubert Hb Co

23C. DATE SIGNED

12/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 29/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

Dec 28 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry H. Hinkle

ADDRESS

4101 Edmondson Av

4300 Lib. Hyl.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

2 5-432
53 11460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11460

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Audrey Anna Schultz			2. DATE OF DEATH Dec. 24/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 2002 McHenry St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2002 McHenry St		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 13, 1907	9. AGE (In years last birthday) 46	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.			10B. KIND OF BUSINESS OR INDUSTRY Own Home		
11. BIRTHPLACE (State or foreign country) Balto. Md.			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME -----Miller			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Mrs. Matilda Miller			ADDRESS 2002 McHenry St		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 14 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive C.V. Disease		10 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 1946 , 19____, to Dec 24 , 19 53 that I last saw the deceased alive on 12/24 , 19 53 and that death occurred at 8 A m., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Hallis		23B. ADDRESS 4307 Liberty Hbldg		23C. DATE SIGNED 12/26/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 28/53		24C. NAME OF CEMETERY OR CREMATORY Western	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Harry H. Smith			
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 4101 Edmondson Av	

100

MINISTRY OF HEALTH
CERTIFICATE OF DEATH

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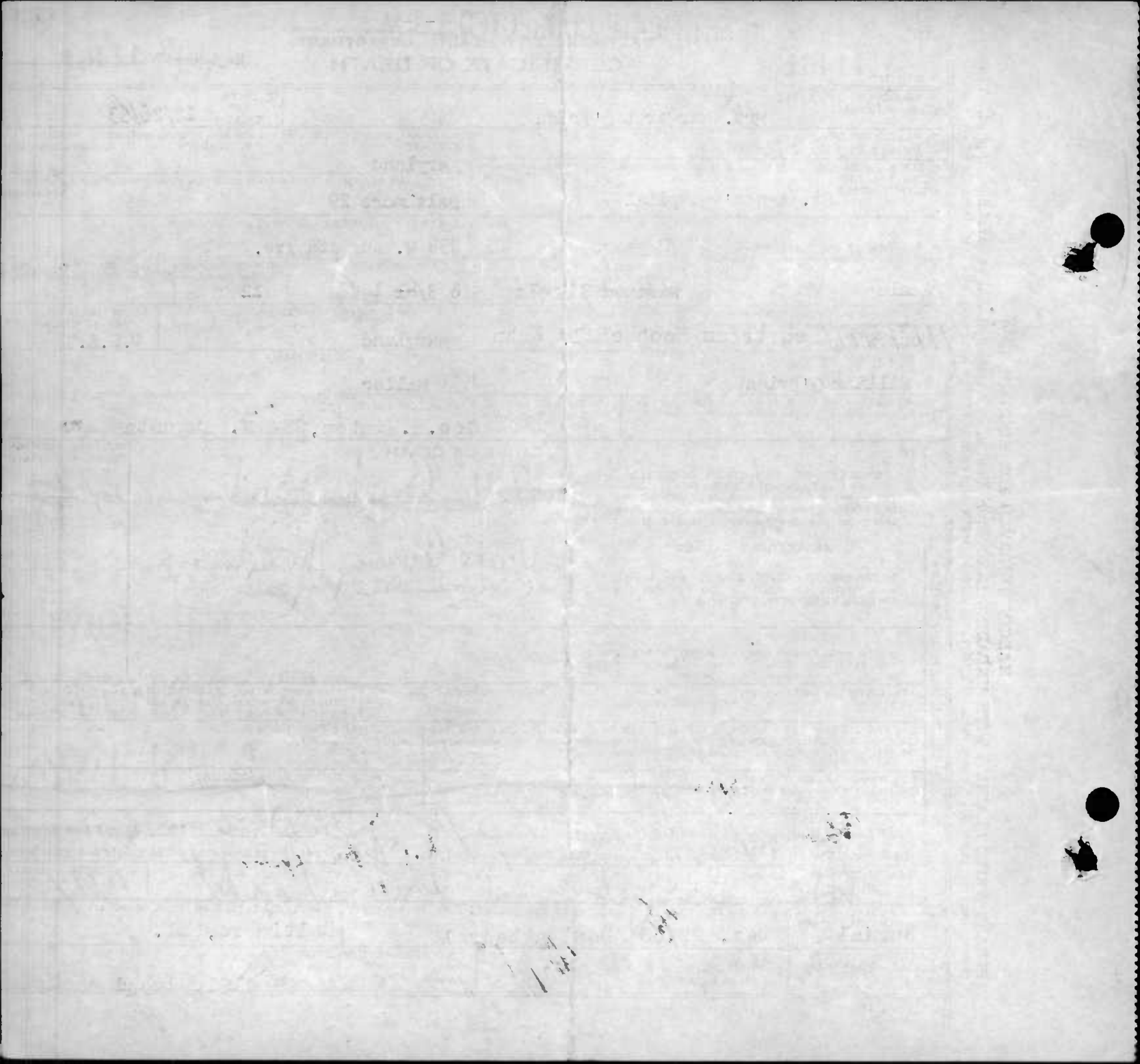
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<div>4 0-165</div> <div>CERTIFICATE CORRECTED 1-6-54</div> <div>BALTIMORE CITY HEALTH DEPARTMENT</div> <div>CERTIFICATE OF DEATH</div>									
<div>53 11461</div> <div>BIRTH NO.</div> <div>Registered No. 53 11461</div>									
1. NAME OF DECEASED (Type or Print)							2. DATE OF DEATH		
Miss Margaret O'Brien							12/26/53		
3. PLACE OF DEATH:							4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
A. Baltimore City, Maryland							A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location)							C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
St. Agnes' Hospital							Baltimore 29		
c. Length of stay in Baltimore							D. STREET ADDRESS (If rural, give location)		
72 years							834 N. Augusta Ave.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year	11. Under 24 Hours	12. Under 24 Hours	13. Under 24 Hours
Female	White	Widowed Single		8/3/81 1882	72 71	Months	Days	Hours	Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)							10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)
Housewife Seamstress							Hochschild Kohn		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME							14. MOTHER'S MAIDEN NAME		
William O'Brien							Miller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)							16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS
									Geo. H. Minton, 834 N. Augusta Ave
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES							(A) Acute Congestive Failure		12/18/53
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							(B) Acute Coronary Thrombosis (Myocardial Infarction)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/18, 1953, to 12-26, 1953, that I last saw the deceased alive on 12/26, 1953 and that death occurred at 159 p.m., from the causes and on the date stated above.									
23A. SIGNATURE					23B. ADDRESS		23C. DATE SIGNED		
					M. D.		12/26/53		
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)			
Burial		Dec. 29/53		New Cathedral		Baltimore, Md.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR		ADDRESS		
DEC 29 1953		Thurston W. Williams			Harry A. Wright		4101 Edmondson Ave.		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 11462BIRTH NO. W425-53 11462

1. NAME OF DECEASED (Type or Print) <u>James P. Wilson</u>			2. DATE OF DEATH <u>12-26-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>1714 N. Calvert Street</u> <u>12-05</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 15, 1903</u>	9. AGE (In years last birthday) <u>50</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dish Washer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Sherraton-Belvedere Hotel</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>	
13. FATHER'S NAME <u>John P. Wilson</u>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Mrs Rita Torpiel</u>			ADDRESS <u>1724 Light Street</u>		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Occlusion</u>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Myocardial Infarct</u>	CAUSE TO	
	CAUSE TO	
	CAUSE TO	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .				
23A. SIGNATURE <u>William V. ...</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D.		23C. DATE SIGNED <u>12-27-53</u>

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Dec. 29, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR <u>J. H. Meas & Son</u>	ADDRESS <u>805 N. Calvert St.</u>

BALTIMORE CIVIL DEATH RECORDS
CERTIFICATE OF DEATH

NAME OF DECEASED	
AGE	
SEX	
RACE	
DATE OF DEATH	
PLACE OF DEATH	
CAUSE OF DEATH	
SIGNATURE OF DECEASED	
SIGNATURE OF WITNESS	
SIGNATURE OF MINISTER	
SIGNATURE OF CLERK	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11463

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Frank Wise (Wieczynski)</i>		2. DATE OF DEATH <i>Dec 25 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2211 Bank Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1-05</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2211 Bank Street</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 6 1911</i>
9. AGE (In years last birthday) <i>42</i>		10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chemical Work</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>American Can Co.</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Wieczynski</i>		14. MOTHER'S MAIDEN NAME <i>Annastasia Blaszkowski</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>42-10874</i>	
17. INFORMANT <i>Myrtha Wise</i>		ADDRESS <i>2211 Bank St</i>	
18. <i>446X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>		CAUSE OF DEATH (A) _____ DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Malignant hypertension + nephrosclerosis</i>		(B) _____ DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) _____	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>July</i> , 1952, to <i>Dec 25</i> , 1953, that I last saw the deceased alive on <i>Dec 25</i> , 1953, and that death occurred at <i>3:03 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Franklin E. Lurie M.O.</i>		23B. ADDRESS <i>2429 N. Charles St</i>	
23C. DATE SIGNED <i>Dec 26, 1953</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 29/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St Stanislaus Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. City</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 28 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>John M. Welby</i>		ADDRESS <i>401 S. Charles</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11464

BIRTH NO. 53 11464		1. NAME OF DECEASED (Type or Print) Helen Rome (Wise)		2. DATE OF DEATH 12-26-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 6		D. STREET ADDRESS (If rural, give location) 613 W. Hoffman St			
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ?	8. DATE OF BIRTH 3-27-1925	9. AGE (In years last birthday) 26	10. Under 1 Year Months: Days 9 -
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Drug Store		11. BIRTHPLACE (State or foreign country) Ridgeway S.C.	
13. FATHER'S NAME Georgial Wise S.C.		14. MOTHER'S MAIDEN NAME Ellis Hoffman S.C.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT C13 ADDRESS Walter Rome W. Hoffman St	
18. E916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Second & 3rd Degree Burns DUE TO (B) Of 100% of Body DUE TO (C) Of 100% of Body		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 613 W. Hoffman Street	
21D. TIME (Month) (Day) (Year) (Hour) Dec. 26, 1953 11:00 P.m.		21E. INJURY OCCURRED OF INJURY WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Burned in fire at home	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Updegraff		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 12-27-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) SHIPPED		24B. DATE 12/28/53		24C. NAME OF CEMETERY OR CREMATORY RIDGEWAY CEM	
24D. LOCATION (City, town, or county) (State) WINNSBORO S.C.		25. FUNERAL DIRECTOR William Jackson			
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953		REGISTRAR'S SIGNATURE Huntington			

REPORT OF OFFICE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-650		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 11465	
53 11465		BIRTH NO.			
1. NAME OF DECEASED (Type or Print) John OREM			2. DATE OF DEATH Dec 26, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland SINAI HOSP			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI Hospital of Balt.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md 1306		
c. Length of stay in Baltimore 72 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3325 ELM Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH August 1881-72	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired BOILER MAKER		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) Months: Days: Hours: Min.	
11. BIRTHPLACE (State or foreign country) Md			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Orem			14. MOTHER'S MAIDEN NAME Margaret Canapp		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 218-14-2996		17. INFORMANT Rosa Orem 3325 Elm Ave	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH Cerebro-Vascular Accident		
ANTECEDENT CAUSES			INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) DUE TO Hypertensive Cardio Vasc. Disease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(B) DUE TO		
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 26, 1953, to Dec 26, 1953, that I last saw the deceased alive on Dec 26, 1953, and that death occurred at 5:00 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Norton Goodford M.D.		23B. ADDRESS Sinai Hosp.		23C. DATE SIGNED 12-26-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 12/29-53		24C. NAME OF CEMETERY OR CREMATORY Lorraine Pk Cem.	
24D. LOCATION (City, town, or county) Baltimore Md		24E. FUNERAL DIRECTOR Frank J. Saitz		24F. ADDRESS 814 1136 St	
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953		REGISTRAR'S SIGNATURE Huntington Williams		VS 150	

5033D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-263
53 11466

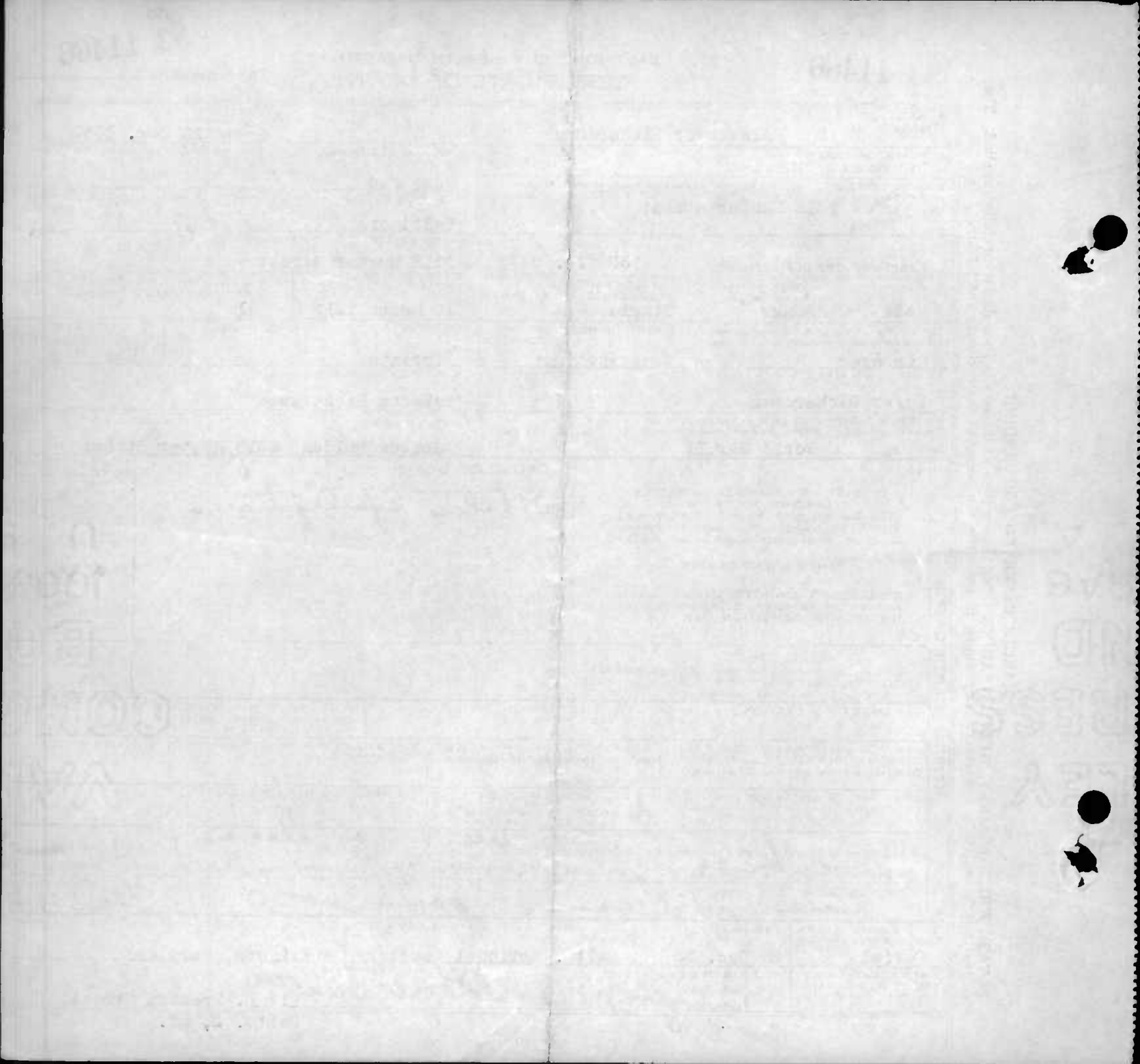
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11466

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Alexander Richardson		2. DATE OF DEATH 22 Dec. 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 12-04	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2318 Hunter Street		C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 2318 Hunter Street	
c. Length of stay in Baltimore 30 yrs.		5. SEX Male 6. COLOR OR RACE C82 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Construction	
13. FATHER'S NAME Edgar Richardson		14. MOTHER'S MAIDEN NAME Rebecca Richardson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes World War II		16. SOCIAL SECURITY NO.	
17. INFORMANT Rebecca Bolden		ADDRESS 2318 Hunter Street	
18. 353.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Status Epilepticus DUE TO INTERVAL BETWEEN ONSET AND DEATH 24.			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 1 , 19 53 , to Dec 22 , 19 53 , that I last saw the deceased alive on Dec 20 , 19 53 , and that death occurred at 4 m., from the causes and on the date stated above.			
23A. SIGNATURE Louis J. Gorman M. D.		23B. ADDRESS 301 - E. 22nd St.	
23C. DATE SIGNED Dec 24-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 28 Dec. 53	
24C. NAME OF CEMETERY OR CREMATORY Balto. National Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953		REGISTRAR'S SIGNATURE Huntington Williams	
VS 150		FUNERAL DIRECTOR Rayner Sanders 217 E. Preston Street Balto. 2, Md.	

97024



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-325		CERTIFICATE ATTENDED 1/20/54 . ES	
53 11467		BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO.		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) <i>Calmer) Calmer Atkins</i>		2. DATE OF DEATH <i>Dec 21, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Stal 25</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 12-07</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>114 W. 23rd St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>3/4-1898</i>
9. AGE (In years last birthday) <i>55</i>		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Greenwood S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME <i>James Atkins</i>		14. MOTHER'S MAIDEN NAME <i>Jennie Good</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>153X</i>		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Intestinal obstruction, Small Bowel</i>	
ANTECEDENT CAUSES		(B) <i>Post operative adhesions</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Carcinoid with metastases</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>History of surgical resection of cecum</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-5</i> , 1953, to <i>12-21</i> , 1953, that I last saw the deceased alive on <i>12-21</i> , 1953, and that death occurred at <i>5:00 Pm.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>James P. Jones</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>12/21/53</i>		23D. NAME OF CEMETERY OR CREMATORY	
23E. LOCATION (City, town, or county) (State) <i>Balto Md</i>		23F. DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 28 1953</i>	
23G. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		23H. FUNERAL DIRECTOR <i>Mrs Kate B. Williams</i>	
23I. ADDRESS <i>322 N. Schroeder St</i>		23J. VS 150	

97099

Complete autopsy No. 24787

"History of surgical resection of "peculiar" carcinoma of the cecum (S.P. 53-5360)

See anatomical diagnosis from JHH in Document file.

Don't put into the container
Embed the material in the
container the same way as the

Wood 9/1/57

K-545
53 11468BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11468
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

J. E. Kinlein - John Edward Kinlein

2. DATE
OF
DEATH

12-27-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

2605 Beryl Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

8-03

D. STREET ADDRESS (If rural, give location)

2605 Beryl Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

B. DATE OF BIRTH

July 25-1908

9. AGE (In years last birthday)

45

11 Under 1 Year
Months Days Hours Min.

11 Under 24 Hours

12. CITIZEN OF WHAT COUNTRY?

USA

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bookbinder

10B. KIND OF BUSINESS OR INDUSTRY

Govt. Emp.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md

13. FATHER'S NAME

Peter A. Kinlein

14. MOTHER'S MAIDEN NAME

Matilda Luke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Mary A. Kinlein - Beryl

ADDRESS 2605

1B. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Myocardial Infarct
Old Pericardial AdhesionsII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. G. [Signature]

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

12-27-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12/30/53

Holy Redeemer

BALTO

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 28 1953

Huntington Williams

Leonard J. Ruck

5305 Harford

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11469**BIRTH NO. **53-30720**1. NAME OF DECEASED
(Type or Print)*Phyllis Matthews*2. DATE
OF
DEATH*12-27-53*

3. PLACE OF DEATH

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mercy Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

415 Retman Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Elizabeth Matthews 415 Retman Pl.*18. *763.0*DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Partial Autopsy* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

M.D.

23b. CHIEF MEDICAL EXAMINER

23c. DATE SIGNED

ASSISTANT MEDICAL EXAMINER

12-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

*Burial**12/30/1953**Mt. Auburn Cemetery**Baltimore, Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*DEC 28 1953**Huntington Hall**William S. Phillips 121808 N. Monaca St.*

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1954

STATE OF CALIFORNIA

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11470**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM LIPSCOMB		2. DATE OF DEATH Dec. 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 932 Druid Hill Avenue	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8, 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10B. KIND OF BUSINESS OR INDUSTRY American Sugar Refining	9. AGE (In years last birthday) 48
11. BIRTHPLACE (State or foreign country) N. C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Archie Lipscomb		14. MOTHER'S MAIDEN NAME Mary Suite	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. 212-09-6215	
17. INFORMANT Laura Lipscomb		ADDRESS 932 Druid Hill Ave.	

18. **443x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

J. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

12/24/5324A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

12/29/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Arlington S. Phillips 1808 N. Monro**St.**

CERTIFICATE OF DEATH

CAUSE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

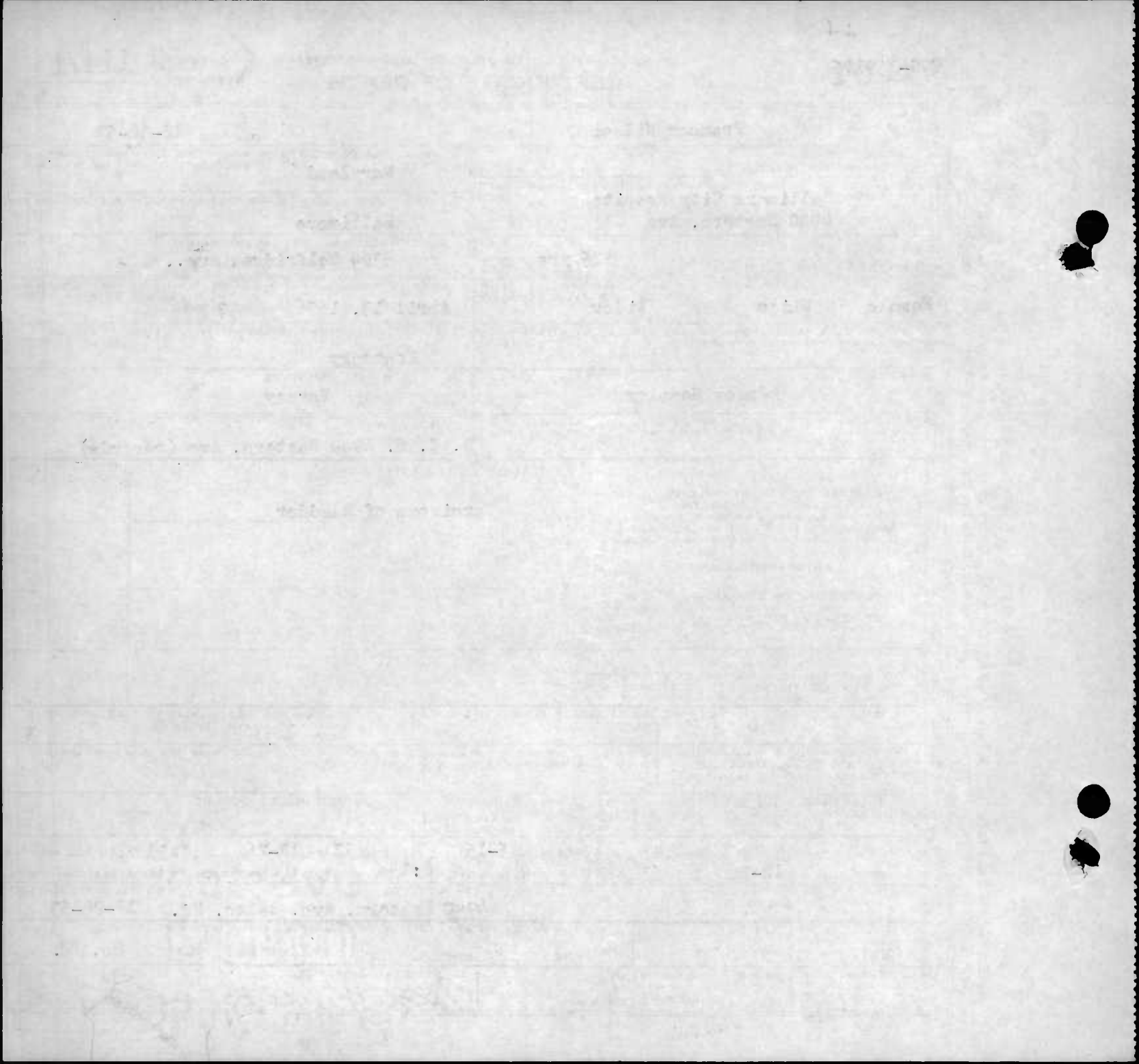
W-425

53-159175

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 11471

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Frances Wilson		2. DATE OF DEATH 12-26-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern, Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 25 yrs		D. STREET ADDRESS (If rural, give location) 5304 Selfridge, Ave., 5			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH April 13, 1896	9. AGE (In years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky	
13. FATHER'S NAME James Hensley		14. MOTHER'S MAIDEN NAME Nancy Varney			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. 4940 Eastern, Ave (records)	
18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Bladder DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-15 , 19 52 to 12-26 , 19 53 , that I last saw the deceased alive on 12-26 , 19 53 , and that death occurred at 8:15a m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John Ben</i>		23B. ADDRESS 4940 Eastern, Ave. Balto. Md.		23C. DATE SIGNED 12-26-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/30/53		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park	
24D. LOCATION (City, town, or county) (State) Elkridge Howard Co. Md.		25. FUNERAL DIRECTOR <i>Wm J. Trickett</i>		ADDRESS <i>Wm J. Trickett</i>	
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953		REGISTRAR'S SIGNATURE <i>Wm J. Trickett</i>		VS 150	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 11472**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)~~Harry A. Vansant~~ Harry A. Vansant2. DATE
OF
DEATH**12-26-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION**506 W. Fayette**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

506 W. Fayette St.

c. Length of stay in Baltimore

5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Oct. 28, 1867

9. AGE (In years
last birthday)

86

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Augustus H. Vansant

14. MOTHER'S MAIDEN NAME

Mary Getz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Carroll L. Vansant-627 Charles St. Ave

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William H. Brown

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

MEDICAL INVESTIGATOR.....**8****12-26-53**24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/29/53

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR.

ADDRESS

Wm J. Tuckner & Son

2011

2011

STATE OF TEXAS
COUNTY OF DALLAS
CITY OF DALLAS
I, the undersigned, Clerk of the City of Dallas, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the City of Dallas.

Witness my hand and the seal of the City of Dallas this 1st day of January, 2011.

Clerk of the City of Dallas

Notary Public for the State of Texas

Notary Public for the State of Texas

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 11473B-255
53 11473

1. NAME OF DECEASED (Type or Print) <u>Robert E. Bachman</u> Robert E. Bachman		2. DATE OF DEATH <u>12-25-53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lochearn</u>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>3623 Lochearn Drive 7</u> <u>5360</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 9, 1942</u>
9. AGE (In years last birthday) <u>11</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Ernest S. Bachman</u>		14. MOTHER'S MAIDEN NAME <u>Carolyn Grace Hughes</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mr. Ernest S. Bachman</u>		ADDRESS <u>3623 Lochearn Dr.</u>	

18. E919.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

House

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

3629 Lochearn Drive

21D. TIME (Month) (Day) (Year) (Hour)

Dec. 25, 1953 4:00 P. m.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Accidentally shot in chest by playmate22. I certify that I took charge of the remains described above, held an Partial Autopsy hereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Wood

M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

12-26-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/28/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24D. LOCATION (City, town, or county)

Balto. Co. Md. (Woodlawn)

DATE RECEIVED BY LOCAL REGISTRAR

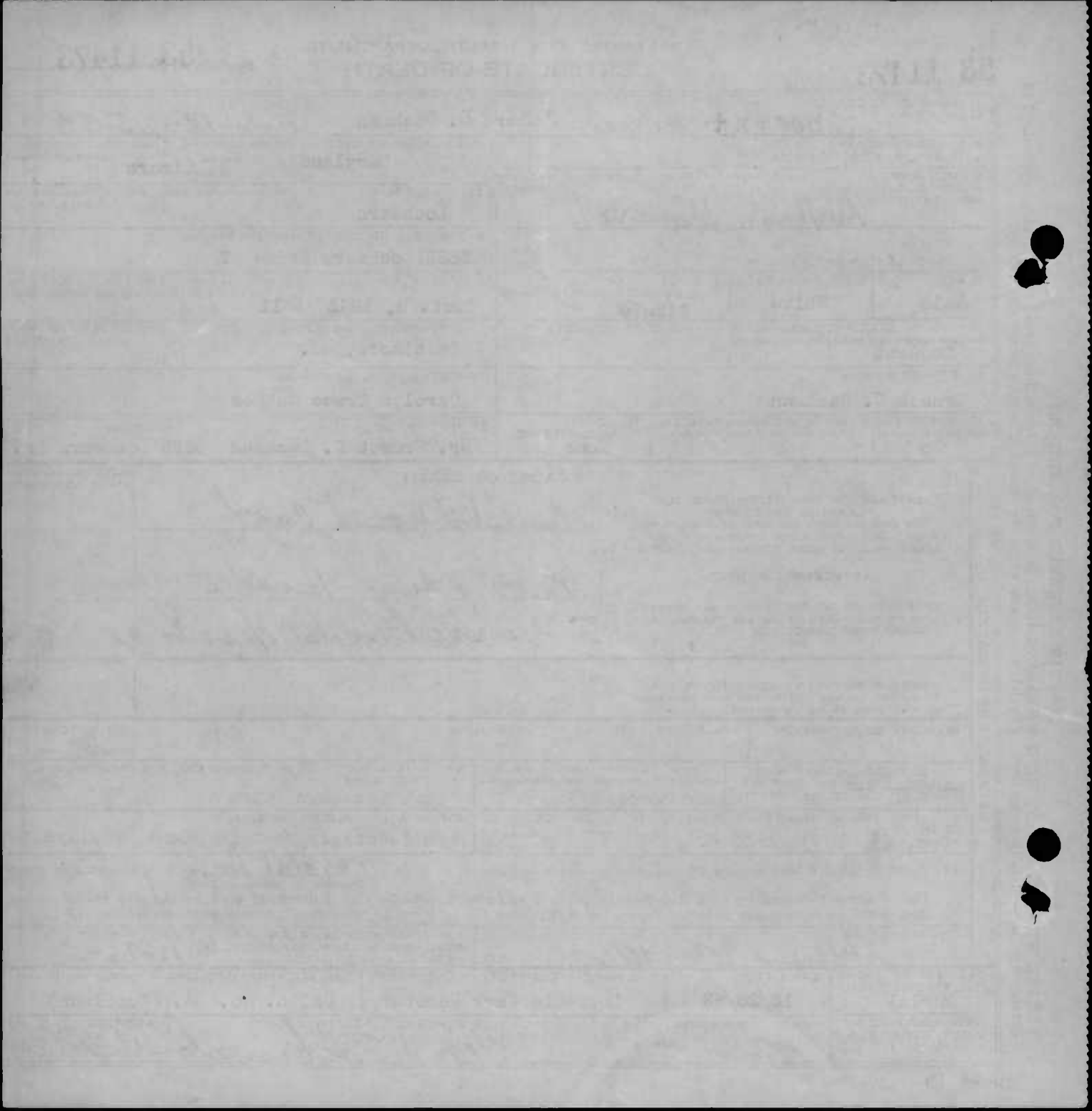
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tucker Son & Pgh



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-634
53 11474BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11474
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		KATHERINE BARTHOLOMEE		2. DATE OF DEATH		Dec. 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
3822 Ferndale Ave.				D. STREET ADDRESS (If rural, give location) 3822 Ferndale Ave.					
c. Length of stay in Baltimore		Yrs. Mos. Days		5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
female		white		widowed		8. DATE OF BIRTH		9. AGE (In years, last birthday)	
June 8, 1867		86		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
housewife				12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George Eckstein		Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
no		no		18. 420.1		CAUSE OF DEATH		ADDRESS Av	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary occlusion		DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B) Hypertension		DUE TO		20. AUTOPSY?		10 1/2 hrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Arterio-sclerosis		DUE TO		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20 yrs ?	
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
None									
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
								21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		19		to 12/25/53		19		that I last saw the deceased alive on 12/25/53	
19		and that death occurred at 7:55 P. m.,		from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
H. V. Harper		5201 Gwynn Oak Ave Balto 7, Md		12/27/53		23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county)		(State)	
Burial		12/29/53		Woodlawn Cem.		Woodlawn, Md.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS			
DEC 28 1953		Huntington Williams		Wm. J. Pickner & Sons		Balto 17, Md.			
VS 150		See other side							

Patient was treated by Homer U. Todd, 2108 St Paul Street, for
at least twenty years for hypertension and arterio-sclerosis. He was
out of town on day she died - so I was called by a neighbor.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Y-524 53 11475		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11475	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Caroline Agnes Gingling</i>		2. DATE OF DEATH <i>Dec. 27, 1953</i>	
3. PLACE OF DEATH: A. <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Carroll</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Montebello State Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Manchester</i>			
C. Length of stay in Baltimore <i>about 2</i> Yrs. <i>—</i> Mos. <i>—</i> Days <i>—</i>		D. STREET ADDRESS (If rural, give location) <i>5600</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>Sept. 15, 1872</i>	9. AGE (In years last birthday) <i>81</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Housework</i>		11. BIRTHPLACE (State or foreign country) <i>Pa.</i>	
13. FATHER'S NAME <i>Henry Steiner</i>		14. MOTHER'S MAIDEN NAME <i>Levina Bang</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>unk.</i>		16. SOCIAL SECURITY NO. <i>unk.</i>		17. INFORMANT <i>Hospital Record</i> ADDRESS	
18. <i>332X</i>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebral vascular thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>	
ANTECEDENT CAUSES		(B) <i>Left-hemiplegia</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Generalized arteriosclerosis</i>		<i>many yrs.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 22</i> , 1953, to <i>Dec. 27</i> , 1953, that I last saw the deceased alive on <i>Dec. 27</i> , 1953, and that death occurred at <i>10:50 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Daniel Rai</i>		23B. ADDRESS <i>Montebello Hospital</i>		23C. DATE SIGNED <i>12/27/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec 30/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Manchester</i>	
24D. LOCATION (City, town, or county) <i>Carroll Co Md</i>		24E. FUNERAL DIRECTOR <i>Edw. E. Gipton, Hampstead Md</i>		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 28 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR ADDRESS	

Get pro
of Banks

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11476

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 162X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

11 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 27, 1953 to Dec. 27, 1953 that I last saw the
deceased alive on _____, 19____, and that death occurred at 7:35 A.M., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NO. 1115

1115

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Time of death

6. Place of death

7. Cause of death

8. Manner of death

9. Signature of physician

10. Signature of registrar

11. Signature of witness

12. Signature of informant

13. Signature of official

14. Signature of official

15. Signature of official

16. Signature of official

17. Signature of official

18. Signature of official

19. Signature of official

20. Signature of official

21. Signature of official

22. Signature of official

23. Signature of official

24. Signature of official

25. Signature of official

26. Signature of official

27. Signature of official

28. Signature of official

29. Signature of official

30. Signature of official

31. Signature of official

32. Signature of official

33. Signature of official

34. Signature of official

35. Signature of official

36. Signature of official

37. Signature of official

38. Signature of official

39. Signature of official

39. Signature of official

40. Signature of official

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

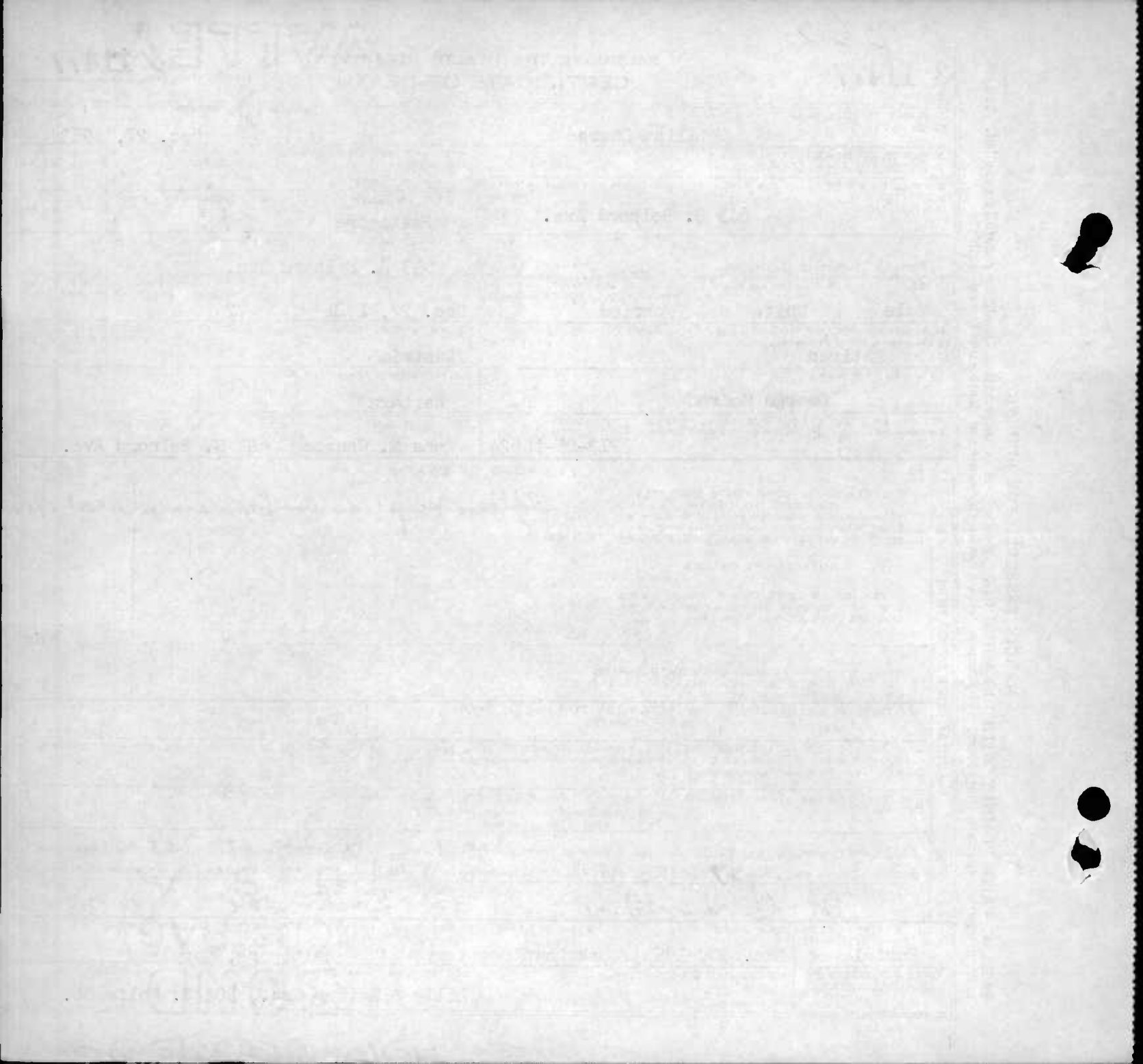
C-563

53 11477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11477

BIRTH NO.			1. NAME OF DECEASED (Type or Print) William Conrad			2. DATE OF DEATH Dec. 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 643 S. Belnord Ave.			C. CITY OR TOWN Baltimore			D. STREET ADDRESS (If rural, give location) 643 S. Belnord Ave.		
c. Length of stay in Baltimore Yrs. Mos. Days			5. SEX Male			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Dec. 22, 1881			9. AGE (In years last birthday) 72		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Austria		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME George Conrad			14. MOTHER'S MAIDEN NAME Barbara		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 212-05-1482A			17. INFORMANT ADDRESS Anna M. Conrad 643 S. Belnord Ave.		
18. 204.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Spleno-myelogenous Leukemia Dec 1, 1952			CAUSE OF DEATH (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO					
(C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from Dec 1, 1952 to Dec 27, 1953, that I last saw the deceased alive on 12-27, 1953, and that death occurred at 8:10 A. M., from the causes and on the date stated above.			23A. SIGNATURE M. J. Daniel		
23B. ADDRESS 3218 Eastern Ave.			23C. DATE SIGNED 12-28-53			24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		
24B. DATE Dec. 30, 1953			24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery			24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953			REGISTRAR'S SIGNATURE Huntington Williams, Jr.			25. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc., 403 S. Wolfe St.		



MARGIN RESERVED FOR BINDING

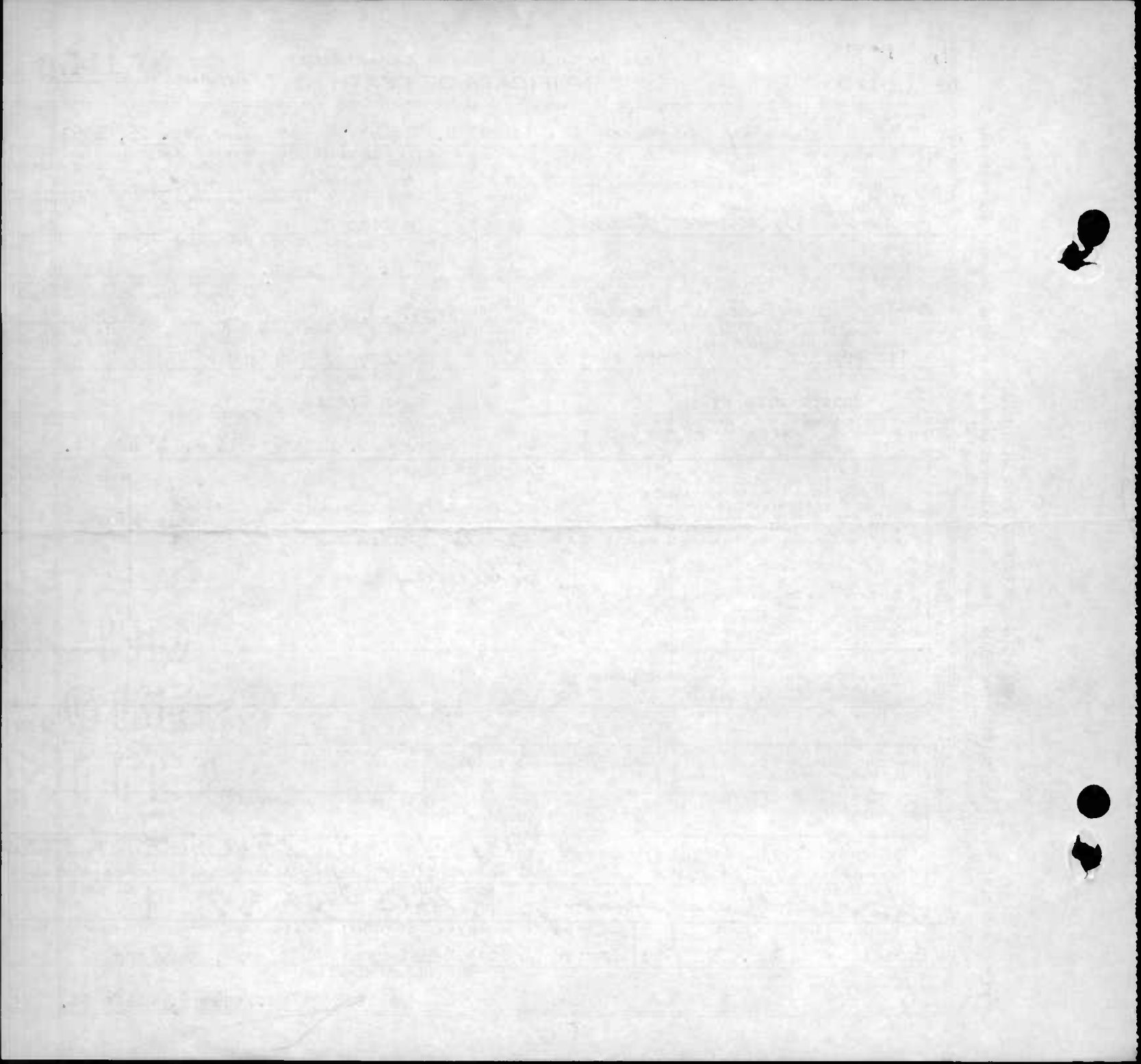
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-220
53 11478
BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11478

1. NAME OF DECEASED (Type or Print) <i>Bisasky Micheal</i> (Micheal S. Bisasky)			2. DATE OF DEATH Dec. 25, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MD</i> b. COUNTY <i>Princy</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore General</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i>			d. STREET ADDRESS (If rural, give location) <i>811 S. Grundy St.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept. 20, 1908</i>	9. AGE (In years last birthday) <i>45</i>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lithographer</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>		
10b. KIND OF BUSINESS OR INDUSTRY <i>Crown Cork & Seal</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Joseph Bisasky</i>			14. MOTHER'S MAIDEN NAME <i>Helen Slezak</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Rosalie E. Bisasky-811 S. Grundy St.</i>			ADDRESS		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>coronary thrombosis with acute pulmonary edema</i> DUE TO <i>arteriosclerosis</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <i>0</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. HOW DID INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>12/25/1953</i> , to <i>12/25/1953</i> , that I last saw the deceased alive on <i>12/25/1953</i> and that death occurred at <i>9:30 p.m.</i> from the causes and on the date stated above.					
23a. SIGNATURE <i>Ronald S. Slezak</i>		23b. ADDRESS <i>1215 Lytle St.</i>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec. 30, 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart's Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 28 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Lilly & Zeiler Inc., 403 S. Wolfe St.</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11479

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11479
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James F. HALL

2. DATE
OF
DEATH

12-27-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital Inc.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

16

26

township)

d. STREET ADDRESS (If rural, give location)

2906 Louden Ave.

c. Length of stay in Baltimore

60 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

2-21-1885

9. AGE (in years
last birthday)

68

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED Motorman

10B. KIND OF BUSINESS OR
INDUSTRY

Balt. Transit Co.

11. BIRTHPLACE (State or foreign country)

Boston, Mass.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown James H. Hall

14. MOTHER'S MAIDEN NAME

Elizabeth
Unknown Packard15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

213-10-2577

17. INFORMANT

ADDRESS

Mercy Hosp. 305 N. Calvert St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ACUTE MYOCARDIAL INFARCTION 1 Hr.
DUE TO WITH ACUTE PULMONARY EDEMA

ANTECEDENT CAUSES

(B) ATHEROSCLEROTIC CARDIOVASCULAR 5 yrs.
DUE TO HEART DISEASEDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-26, 1953, to 12-27, 1953 that I last saw the
deceased alive on 12-27, 1953 and that death occurred at 11:53 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John W. Henson Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

12-27-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-31-1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

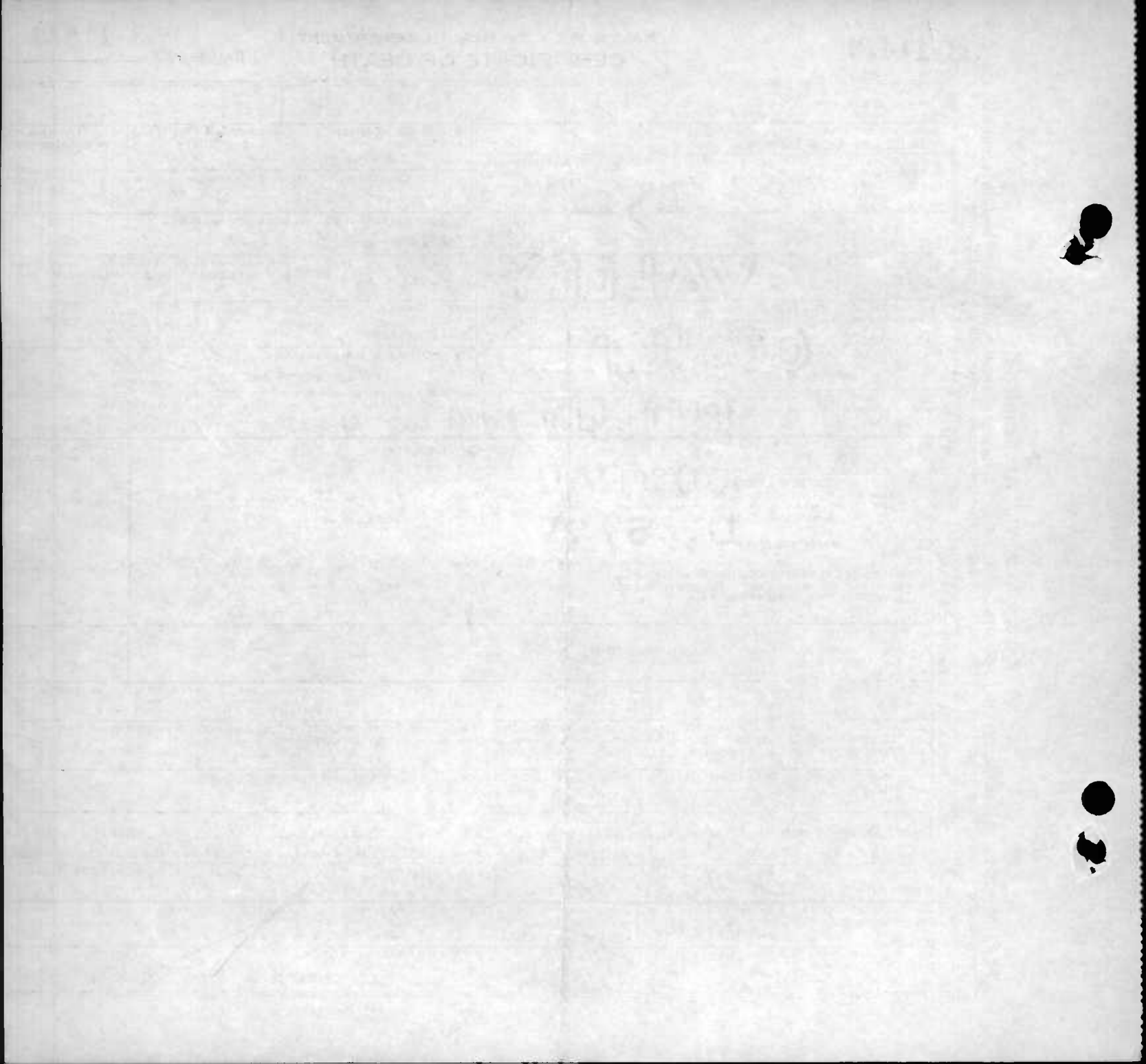
25. FUNERAL DIRECTOR

ADDRESS

Malvern W. Conklin 924 E. Eagle St.

DEC 28 1953
VS 150

66151



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-162
53 11480
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11480

1. NAME OF DECEASED (Type or Print) <i>Anna E. Effayroux</i>			2. DATE OF DEATH <i>Dec. 26-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2410 E. Hoffman St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 6-03</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>407 N. Duncan St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>May 16-1884</i>		9. AGE (In years last birthday) <i>69</i> If Under 1 Year: Months Days If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Frank Fousch</i>			14. MOTHER'S MAIDEN NAME <i>Barbara Petrik</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Frank J. Effayroux 2410 E. Hoffman St.</i>		
18. <i>Heart</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Myocarditis</i> DUE TO (A) <i>Myocarditis</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Hemiplegia</i> DUE TO (C)			2 months		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/26/53</i> , 19__, to <i>12/26/53</i> , 19__, that I last saw the deceased alive on <i>12/26/53</i> , and that death occurred at <i>3:14</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>L. E. [Signature]</i>		23B. ADDRESS <i>2601 E. Monument St.</i> M. D.		23C. DATE SIGNED <i>12/28/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 29-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		24E. FUNERAL DIRECTOR <i>John H. Miller</i>		24F. ADDRESS <i>2334 Jefferson St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 28 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		24G. ADDRESS	

1911

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NEW YORK 17, N.Y.

1911



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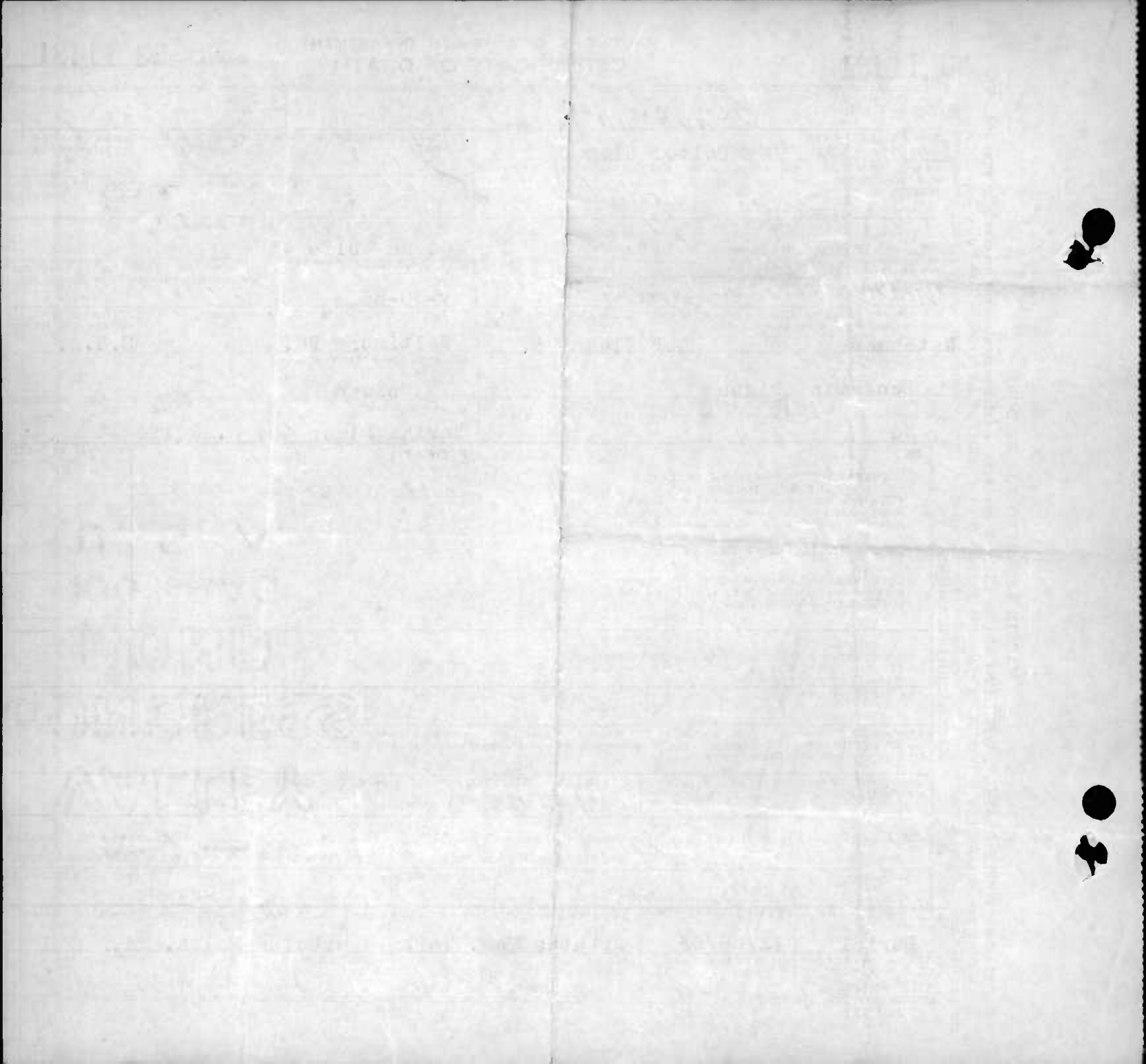
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-250
53 11481

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11481

1. NAME OF DECEASED (Type or Print) BENJAMIN F. DIXON		2. DATE OF DEATH 12/23/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 6-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION Senai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 404 Nn Wolfe St	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov-30-86
9. AGE (In years last birthday) 67		10. Under 1 Year: Months: Days 11. Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10B. KIND OF BUSINESS OR INDUSTRY Buck Glass Co.	
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Benjamin Dixon		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Bertha Dixon		ADDRESS 404 N. Wolfe St	
18. 163X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) pulmonary carcinoma DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)			
OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/18/53 to 12/23 , 19 53 that I last saw the deceased alive on 12/23 19 53 and that death occurred at 6:45 m., from the causes and on the date stated above.			
23A. SIGNATURE Thelma M. D.		23B. ADDRESS Senai Hospital	
23C. DATE SIGNED		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 12/28/53		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	
24D. LOCATION (City, town, or county) Arbutus Balto. Md.		(State)	
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Thompson, Wilson 1000 Brantley		ADDRESS 763 63	



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-610
53-11482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11482 Registered No.

1. NAME OF DECEASED (Type or Print) *Dorothy Sharp*

2. DATE OF DEATH *Dec-24-1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Calver 3*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md*
B. COUNTY *8-06*

5. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore*

7. STREET ADDRESS (If rural, give location) *1621 N. Durham St.*

8. DATE OF BIRTH *10-23-27*

9. AGE (In years last birthday) *26*

10. BIRTHPLACE (State or foreign country) *Ronoke Va.*

11. CITIZEN OF WHAT COUNTRY *U.S.A.*

12. C. LENGTH OF STAY IN BALTIMORE *3 Yrs.*

13. SEX *Female*

14. COLOR OR RACE *Colored*

15. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Domestic*

17. KIND OF BUSINESS OR INDUSTRY *Home*

18. FATHER'S NAME *John Drew*

19. MOTHER'S MAIDEN NAME *Minnie Dixon*

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No*

21. SOCIAL SECURITY NO.

22. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Cor pulmonale*

DUE TO

ANTECEDENT CAUSES

(B) *Multiple pulmonary emboli*

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 mos

3 mos

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *7*

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-17*, 19*53* to *12-24*, 19*53*, that I last saw the deceased alive on *12-24*, 19*53*, and that death occurred at *8:00 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *John C. Hedden*

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED *12-24-53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24B. DATE *12/29/53*

24C. NAME OF CEMETERY OR CREMATORY *Mt Calvary Cem.*

24D. LOCATION (City, town, or county) *Brooklyn Md.*

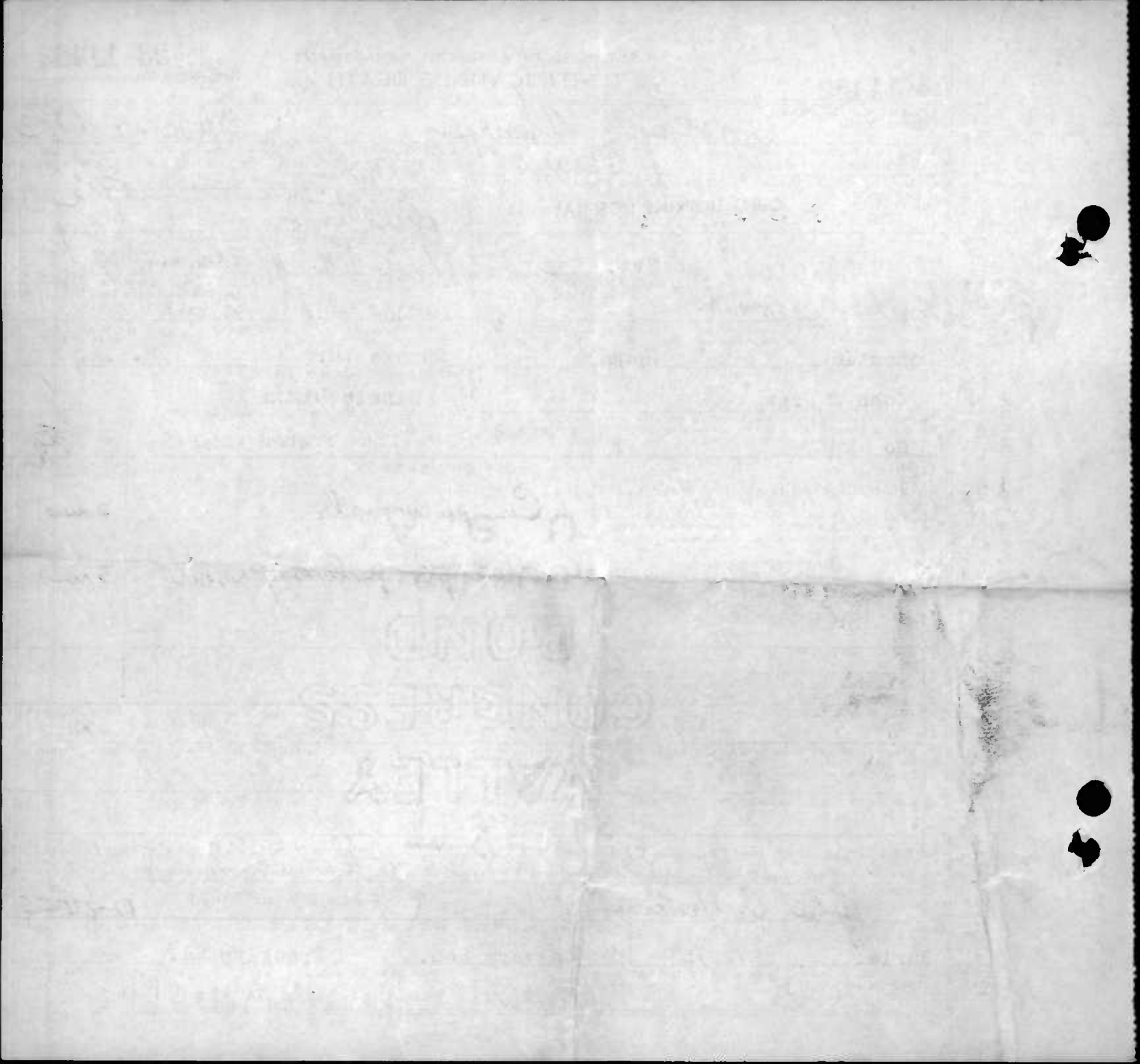
DATE RECEIVED BY LOCAL REGISTRAR *DEC 28 1953*

REGISTRAR'S SIGNATURE *Wm. L. Williams*

25. FUNERAL DIRECTOR ADDRESS *Wm. L. Williams, 1000 Bunting St.*

VS 150

7208A



MARGIN RESERVED FOR BINDING

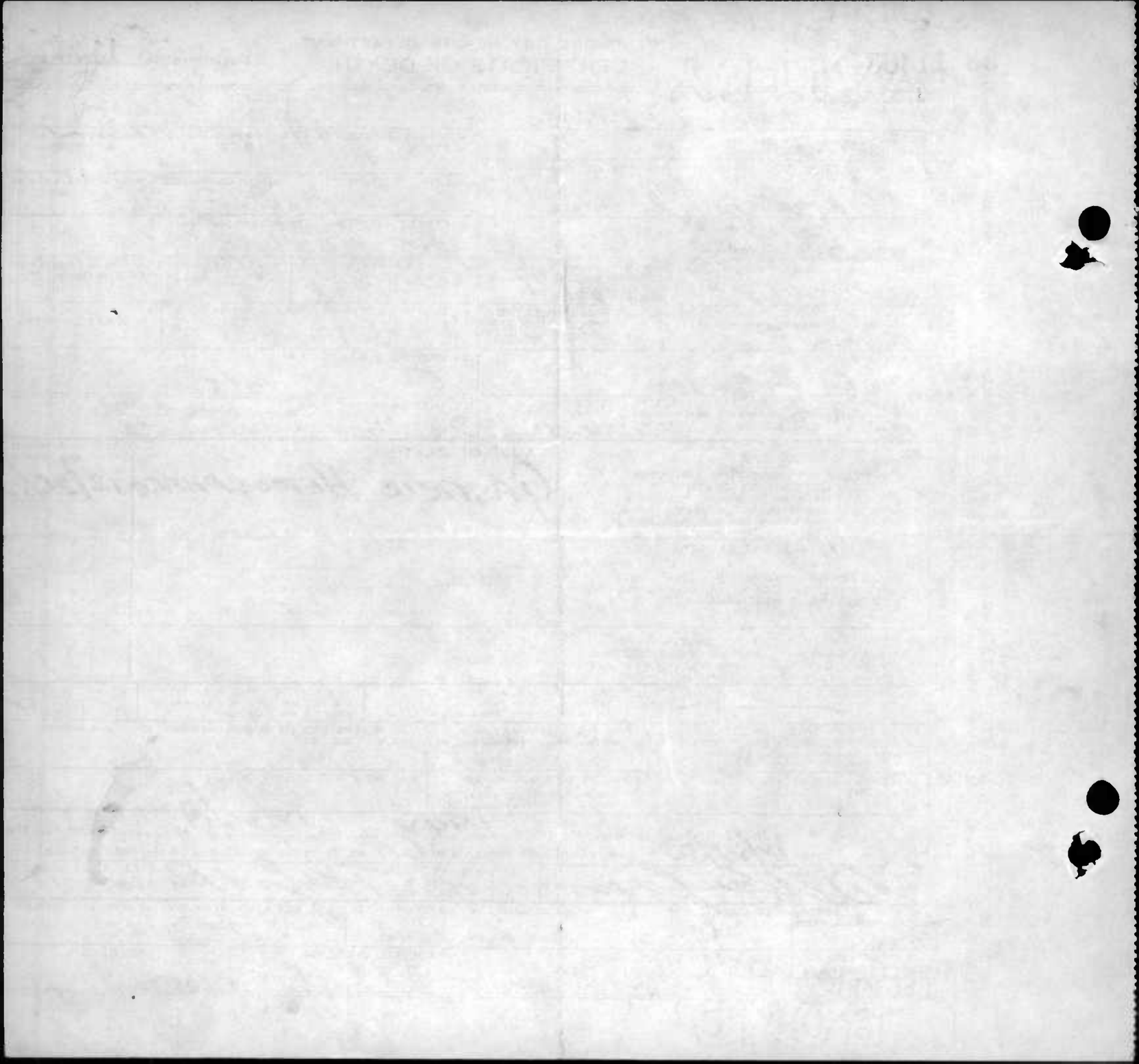
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 11483**

4-122 11483 BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Frederick Hoffmann</i>		2. DATE OF DEATH <i>12/26/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>BAL</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>3103 Tyndale Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3103 Tyndale Ave</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>9/2/1881</i>	9. AGE (In years last birthday) <i>72</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>San Papers</i>		11. BIRTHPLACE (State or foreign country) <i>Balto, Md.</i>	
13. FATHER'S NAME <i>John Hoffmann</i>		14. MOTHER'S MAIDEN NAME <i>Anna M. Wolfe</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>213-03-3268</i>		17. INFORMANT ADDRESS <i>15 Cedarwood Anna Williams Catonsville</i>	
18. <i>784.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>I</i>		CAUSE OF DEATH <i>GASTRIC HEMORRHAGE</i>			INTERVAL BETWEEN ONSET AND DEATH <i>12/26/53</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
(B) DUE TO		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>12/24/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1942</i> , 19__, to <i>12/26/53</i> , 19__, that I last saw the deceased alive on <i>12/24/53</i> , and that death occurred at <i>6A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. E. Hoffmann</i>		23B. ADDRESS <i>4331 Highland Rd</i>		23C. DATE SIGNED <i>12/27/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/29/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto, Md.</i>		25. FUNERAL DIRECTOR <i>Cook Inc. 1217 St. Paul St</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 28 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		VS 150	

5444M



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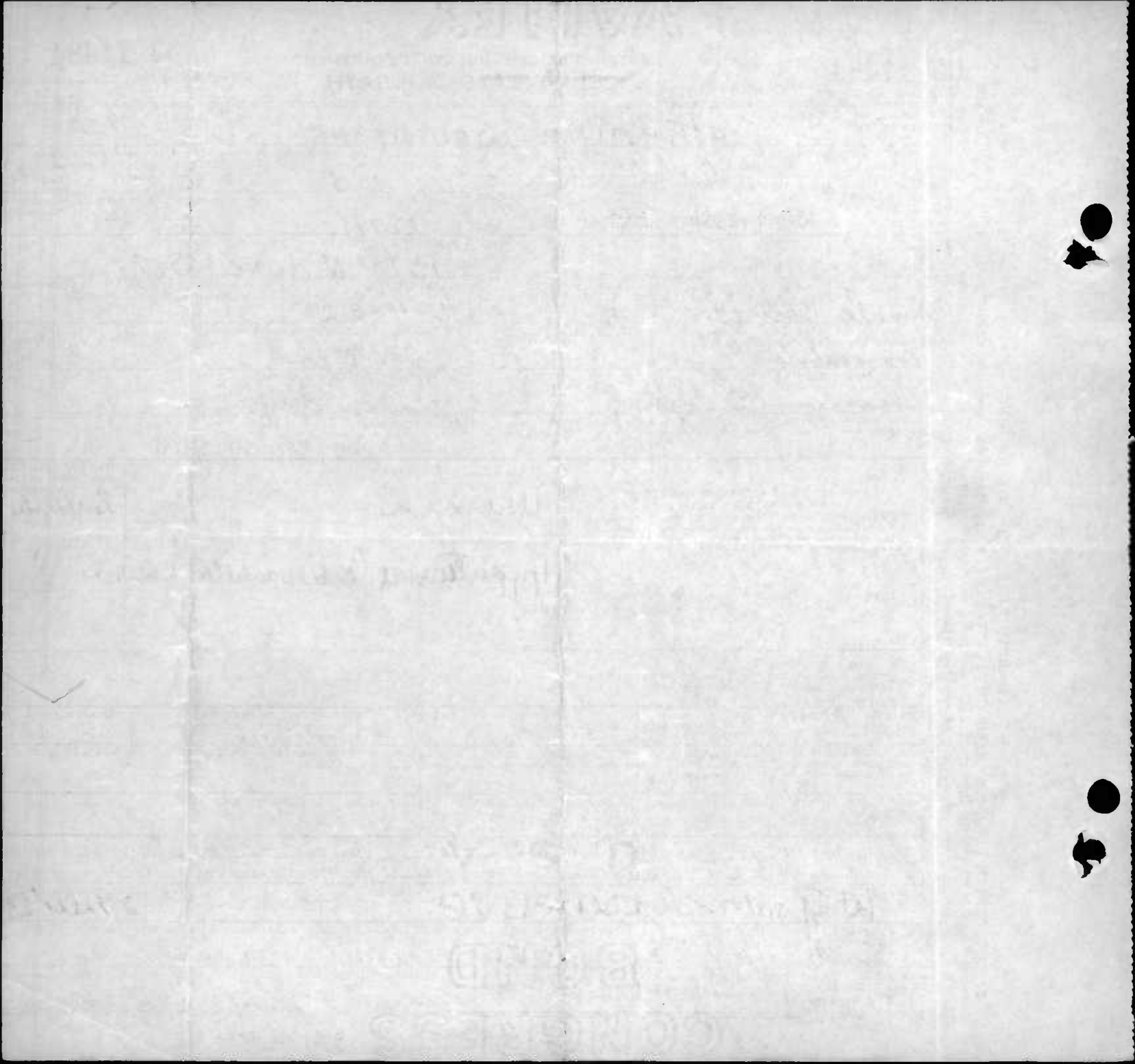
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-536
53 11484

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11484
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Catherine Saunders		DEC 27 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE		B. COUNTY	
Osler 4		Md.		8-06	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
JOHNS HOPKINS HOSPITAL		Baltimore		1615 N. Bond St.	
c. Length of stay in Baltimore		5. SEX		6. COLOR OR RACE	
Yrs. Mos. Days		female		Colored	
		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
		M.		6-4-22	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday)	
Housewife				31	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Charles Campbell		Baltimore Md		U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
				ADDRESS	
				JOHNS HOPKINS HOSPITAL	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		Uremia		2 weeks	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Hypertensive Cardiovascular Disease			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-6-1953, to 12-27-1953, that I last saw the deceased alive on 12-27-1953, and that death occurred at 12:10 AM, from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
W. Gordon Walker		JOHNS HOPKINS HOSPITAL		27 Dec 53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Dec 30/53		Arbutus Memorial Park	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Arbutus Md		The City of Baltimore & District		1129 N. Carbon St	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
DEC 28 1953		Huntington Williams, Jr.			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

A-352
11485BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 11485
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

A MMS A DAMS

2. DATE
OF
DEATH

Dec 25 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Cal 2/5

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-05

D. STREET ADDRESS (If rural, give location)

806 Mc Donough St 151

c. Length of stay in Baltimore

1928

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4-6-11

9. AGE (In years,
last birthday)

42

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labourer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Osborne Adams

14. MOTHER'S MAIDEN NAME

Ella Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 576x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

PERITONITIS

DUE TO

ANTECEDENT CAUSES

(B)

SUBPHRENIC ABSCESS LEFT

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 6, 1953, to December 25, 1953, that I last saw the
deceased alive on Dec 25, 1953, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Richard C. Dene

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-26-53

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

Dec 30/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

44 County Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

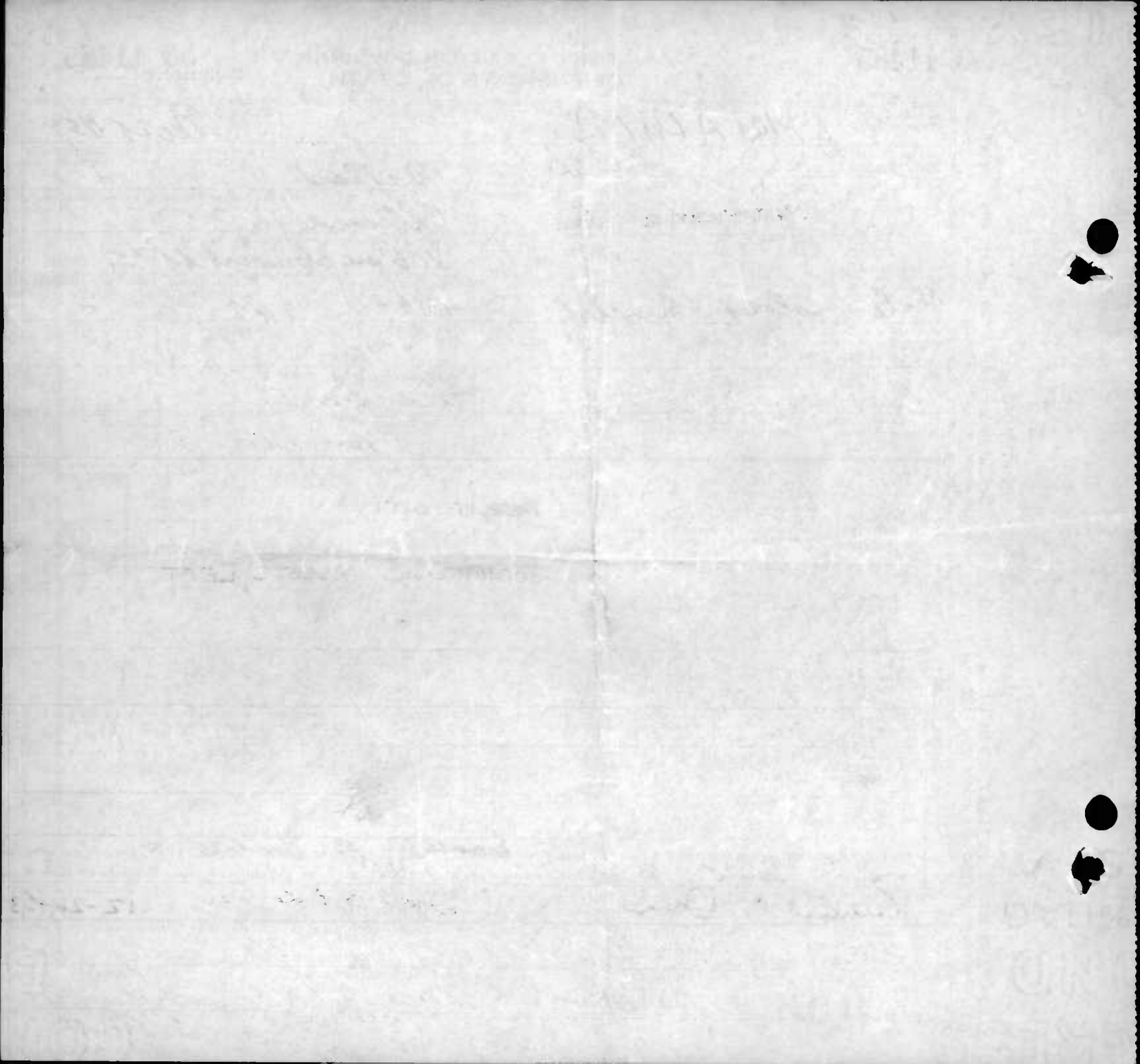
ADDRESS

DEC 28 1953 Huntington Williams, Jr.

Mrs. G. H. P. Elliott & Daughter

VS 150

97099 112977. Caroline &



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-624
53 11486BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11486

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mary Frances Marshall</i>		2. DATE OF DEATH <i>Dec. 25 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i>		B. COUNTY <i>5-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1311 E. Fayette St</i>		C. CITY OR TOWN <i>Baltimore</i>		D. STREET ADDRESS (If rural, give location) <i>1311 E. Fayette St</i>	
c. Length of stay in Baltimore <i>30 yrs.</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>Caucas</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>March 8, 1900</i>		9. AGE (In years, last birthday) <i>53</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Orange County Va.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Annie Cook</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Charlie Marshall</i>	
18. <i>442x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chs. Cardio. Renal Vascular Disease.</i>		CAUSE OF DEATH (A) <i>Chs. Cardio. Renal Vascular Disease.</i> DUE TO <i>Disease.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept. 14, 1953</i> , to <i>12.25, 1953</i> that I last saw the deceased alive on <i>12.25, 1953</i> and that death occurred at <i>4:11</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. L. Roy Berry</i>		23B. ADDRESS <i>1420 E. Chase St.</i>		23C. DATE SIGNED <i>12.28.53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>Dec 28/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Crewe Va.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 28 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Mr. G. E. Elliott</i>	
VS 150				ADDRESS <i>1129 N. Carroll St</i>	

1944

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1944

WISCONSIN

STATE OF WISCONSIN

OFFICE OF THE
COMMISSIONER OF AGRICULTURE

WISCONSIN DEPARTMENT OF AGRICULTURE

STATE OF WISCONSIN

1944

WISCONSIN DEPARTMENT OF AGRICULTURE

WISCONSIN DEPARTMENT OF AGRICULTURE

STATE OF WISCONSIN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-120
53 11487BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11487

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence Tibbs

2. DATE
OF
DEATH

Dec. 22, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

327 N. Eden St

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

25 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

C.C.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 13, 1888

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

domestic

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joshua Wishman

14. MOTHER'S MAIDEN NAME

Frances?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frances Traynham 327 N. Eden St

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

II

OTHER SIGNIFICANT CONITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONITION CAUSING IT.

Senility

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1953 to Dec. 22, 1953, that I last saw the
deceased alive on Dec. 22, 1953, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE

Ralph W. Reilly

23b. ADDRESS

426 N. Gilman St

23c. DATE SIGNED

12/28/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Dec. 28/53

24c. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24d. LOCATION (City, town, or county) (State)

A. A. County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

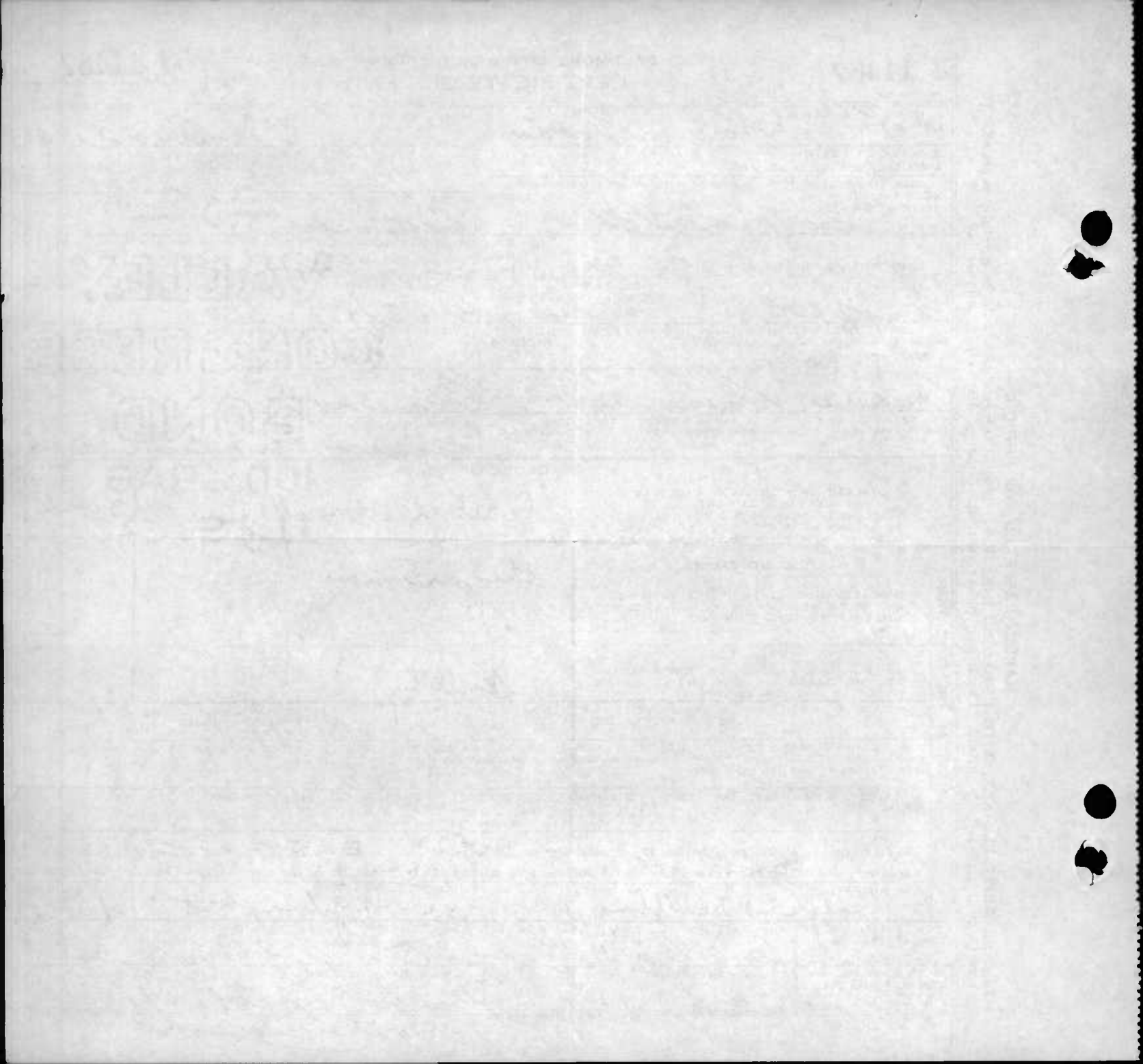
ADDRESS

DEC 28 1953

Mrs. C. H. G. Elliott

VS 150

7208A 1129 N. Carroll St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11488

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11488

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BEATRICE A. PFARR

2. DATE
OF
DEATH

12/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

SOUTH BALTIMORE GEN. HOSPITAL

C. CITY OR TOWN

BALTIMORE, MD.

D. STREET ADDRESS (If rural, give location)

438 Cornell Road, Harewood Pk. 5300

At 14 Box 366

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1-14-1906

9. AGE (In years
last birthday)

47

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jesse J. Perry

14. MOTHER'S MAIDEN NAME

Mabel G. Patterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louis S. Pfarr, husband above

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CONGESTIVE HEART FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Rheumatic Heart Disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Rheumatoid Arthritis

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1953, to Dec. 26, 1953, that I last saw the
deceased alive on Dec. 26, 1953, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23. SIGNATURE

Dorothy B. Jones, M. O.

23B. ADDRESS

1213 Lynd St.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 29, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Belair Rd., Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunington Williams, M. O.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

VS 150

53 11489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11489

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FRANK JAMES KLIMA

2. DATE
OF
DEATH

Dec. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3930 Yolando Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3930 Yolando Road

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 31, 1889

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

sub-foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Frank Klima

14. MOTHER'S MAIDEN NAME

Barbara Vondracek

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

212-05-5862

17. INFORMANT

ADDRESS

Mrs. Agnes Stoffregen, dght, above

18.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-vascular disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953 to Dec 27, 1953, that I last saw the deceased alive on Dec 27, 1953, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

William H. Fusting

M. D.

23B. ADDRESS

4230 Ark River Blvd

23C. DATE SIGNED

12-28-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 31, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

VS 150

5235E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9-636 53 11490 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 11490 Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Cleopatra Carter</i>			2. DATE OF DEATH <i>Dec. 24-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write R.D. and give township) <i>Baltimore 6-04</i>		
C. Length of stay in Baltimore <i>10 Yrs</i>			D. STREET ADDRESS (If rural, give location) <i>1804 Orleans St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Jan. 2nd. 1899</i>	9. AGE (In years last birthday) <i>54</i>	10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (State or foreign country) <i>Asbury N.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John Wesley Waddell</i>			14. MOTHER'S MAIDEN NAME <i>Roxie Smidman</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive Arteriosclerotic Cardiovascular renal disease</i>			CAUSE OF DEATH <i>at least 3 yrs</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 24, 1953</i> to <i>Dec 24, 1953</i> , that I last saw the deceased alive on <i>Dec 24, 1953</i> , and that death occurred at <i>8:40</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Thomas R. Heine</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>12/24/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/29/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 28 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		FUNERAL DIRECTOR <i>Thos. Williams</i>	

U.S. N
100-346
BOND
CO. 100-346
VALLEY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

④ K-656

53 11491

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 11491
Registered No.

1. NAME OF DECEASED (Type or Print) <i>ANNA E. KRAMER</i>			2. DATE OF DEATH <i>Dec. 27-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3236 Brendon Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Balto</i> <i>26-03</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>3236 Brendon Ave.</i>		
5 SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 23-1896</i>	9. AGE (In years last birthday) <i>57</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (State or foreign country) <i>Balto., Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Frank Smetona</i>			14. MOTHER'S MAIDEN NAME <i>Josephine Holmolka</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mr. Chas H. Kramer</i>		
18. <i>171X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Cervix</i>			INTERVAL BETWEEN ONSET AND DEATH <i>April '53</i> <i>Dec '53</i> <i>(8 mo.)</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYNING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>November, 1953</i> to <i>Dec 27</i> , 1953, that I last saw the deceased alive on <i>Dec 25</i> , 1953, and that death occurred at <i>10:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Albert C. Herrmann</i>		23B. ADDRESS <i>2921 E. Federal St.</i>		23C. DATE SIGNED <i>12-28-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Dec. 29-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn Cem.</i>	
		24D. LOCATION (City, town, or county) (State) <i>Balto Co. Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 28 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>John G. Connolly - 418 Eastern Ave Balto 21 md.</i>	

4420 Main St. Ave.,
2921 E Federal St.

87-300

53 11492

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11492

1. NAME OF DECEASED (Type or Print) MARGARET READ			2. DATE OF DEATH 12/23/53		
3. PLACE OF DEATH: a. Baltimore City, Maryland BALTIMORE, MD					
b. FULL NAME OF (If not in hospital or institution, give street address or location) MARYLAND GENERAL Hospital					
c. Length of stay in Baltimore 50 years					
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH ?		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) VIRGINIA		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME EUGENE READ			14. MOTHER'S MAIDEN NAME TABITHA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

MEDICAL CERTIFICATION	18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		(A) Uremia DUE TO		CERTIFICATION APPROVED BY P. Fisher M. D. CHIEF OR ASST. MEDICAL EXAMINER.
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) FRACTURE, DUE TO		10-30-53 ↓ 12-23-53
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) INTERTROCHANTERIC - RIGHT FEMUR		
II DECUBITUS ULCERS					

19a. DATE OF OPERATION 11-3-53		19b. MAJOR FINDINGS OF OPERATION FRACTURE - LEFT-FEMUR		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. WHERE DID INJURY OCCUR? 113 YORKLEIGH BALTIMORE MD	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-30-53		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? FELL BACKWARDS WHILE LIFTING A CHAIR	
22. I hereby certify that I attended the deceased from 10-31, 1953 to 12-23, 1953 that I last saw the deceased alive on 12-23, 1953 and that death occurred at 130 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE Elias Raffel M. D.		23b. ADDRESS MARYLAND GENERAL Hosp.		23c. DATE SIGNED 12-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 12/26/53		24c. NAME OF CEMETERY OR CREMATORY St. Georges	
24d. LOCATION (City, town, or county) (State) Pungataqua Va.		DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
25. FUNERAL DIRECTOR Per J. N. Edwards		ADDRESS			

VS 150

N 821.0

Dr. Mitchell
Miss Tracy.

54297

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-452

53

11493

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 11493**

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mrs. Viola May Cullings		December 27, 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Maryland		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)			
692 Gladstone Avenue		Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Life		692 Gladstone Avenue			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years, last birthday)	10. Under 1 Year Months: Days
Female	White	Married	March 12, 1883	70	Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
At Home				Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
U S A		George M. Hare		Clara Grace Pfeiffer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No				Edward A. Cullings 692 Gladstone Avenue	
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
Adenocarcinoma Cervix					
DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
metastasis					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
11/5/52		Diagnosis			
20. AUTOPSY?		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1935, 19, to Dec 27, 1953, that I last saw the deceased alive on Dec 26, 1953, and that death occurred at 10.45 AM, from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Cyberth Mortimer Jr		2706 St Paul St		12/27/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Dec. 30, 1953		Woodlawn	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS			
Baltimore Co., Maryland		Bryce Funeral Home		3631 Falls Road	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			
DEC 28 1953		Huntington Williams			
VS 150		1953		0801191	

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S-240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11494

BIRTH NO. 53 11494

1. NAME OF DECEASED
(Type or Print)

Miss Margaret R. Schieswohl

2. DATE
OF
DEATH

26. Dec. 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Jenkins Memorial

1000 S. Caton Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1000 S. Caton Avenue

c. Length of stay in Baltimore

60 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 11, 1873

9. AGE (In years last birthday)

80

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John F. Schieswohl

14. MOTHER'S MAIDEN NAME

Elizabeth Huppmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

John H. Schieswohl 8724 115 Street

ADDRESS

18. 434.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH Richmond Hill 18, N. Y.

Uremia.

Congestive Heart Failure.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Senile Depression.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to Dec. 26, 1953, that I last saw the deceased alive on Dec. 25, 1953, and that death occurred at 11:25 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Karel Ochota

M. D.

23B. ADDRESS

St. Agnes' Hospital

23C. DATE SIGNED

27. Dec. 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 29, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Burgee Funeral Home

ADDRESS

3631 Falls Road

STATE OF TEXAS
COUNTY OF DALLAS
CITY OF DALLAS
DEPARTMENT OF HEALTH
OFFICE OF THE HEALTH COMMISSIONER
CERTIFICATE OF DEATH

11-11-1911

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Enclosed for your information

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 11496

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11496

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Edward Sewell

2. DATE
OF
DEATH December 26, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or home)Aged Women and Aged Men's Home
1400 W. Lexington Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore 60 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1400 W. Lexington Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widower8. DATE OF BIRTH
March 28, 18809. AGE (in years
last birthday)

73

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR
INDUSTRY
Retired 10 yrs.11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?
U S A

13. FATHER'S NAME

Nathan T. Sewell

14. MOTHER'S MAIDEN NAME

Susan Hickey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Mabel G. Harman 1511 Pentridge Road18. 420.0 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)arteriosclerotic heart disease with
Coronary insufficiency

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1950, to December 26, 1953, that I last saw the
deceased alive on December 24, 1953, and that death occurred at 6:45 a. m. from the causes and on the date stated above.

23A. SIGNATURE

Mendel Edward Day

M. D.

23B. ADDRESS

4-E-33rd St Balto 18

23C. DATE SIGNED

December 28, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 29, 1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burgee Funeral Home 3631 Falls Road

ADDRESS

VS 150

7408 F Horace F. Burgee

Dr. Newland C. Day
4 C. 33rd St. Rev-1790

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-635
53 11497BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11497

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Martin, Owen		December 27, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1200 Valley & 1st St.			
c. Length of stay in Baltimore		O. STREET ADDRESS (If rural, give location)			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 15 Feb. 1893	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Owen Martin		14. MOTHER'S MAIDEN NAME Virginia Wade			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT L. Bro of the Poor	
18. 450.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary embolism		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis, generalized					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. extremity Gangrene, arteriosclerotic, left lower					
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? CAUSE OF DEATH. ENTER IN PART I OR PART II YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from December 22, 1953 to December 27, 1953, that I last saw the deceased alive on Dec. 27, 1953, and that death occurred at 5:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE D. O. O. O.		23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED Dec. 27, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 28, 1953		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Maryland		24F. LOCATION (City, town, or county) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953		REGISTRAR'S SIGNATURE Harrison Williams, M.D.		25. FUNERAL DIRECTOR B. W. Wiedefeld 900 E. Biddle St	

BODY TAKEN BY

NAME

ADDRESS

DATE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RGB

G-656		BALTIMORE CITY HEALTH DEPARTMENT		53 11498	
53 11498		CERTIFICATE OF DEATH		Registered No. 53 11498	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN GRINER		2. DATE OF DEATH Dec. 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shady Side	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR US Public Health Service INSTITUTION Hospital Wyman Pk. Drive & 31st Street		C. STREET ADDRESS (If rural, give location) 5200		6. LENGTH OF STAY IN BALTIMORE ? 42 days	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	10. DATE OF BIRTH 2/14/72	11. AGE (In years last birthday) 81	12. CITIZEN OF WHAT COUNTRY? USA
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter-Fisherman		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Allen Griner		14. MOTHER'S MAIDEN NAME Sophie Bass ?		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Yes- ?		17. INFORMANT Records- US PHS Hospital, Balto, Md.		18. CAUSE OF DEATH	
18. 200.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Bronchopneumonia, bilateral DUE TO		INTERVAL BETWEEN ONSET AND DEATH Recent	
(B) Lymphosarcoma, abdominal, lymph nodes DUE TO generalized.		(C)		Unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Fracture - left femoral neck, healing		2 months	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 17, 1953, to Dec. 28, 1953, that I last saw the deceased alive on Dec. 28, 1953, and that death occurred at 11:15 A. M., from the causes and on the date stated above.					
23A. SIGNATURE James A. Hunter, Clinical Director M. D.		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 12/28/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 30/53		24C. NAME OF CEMETERY OR CREMATORY Cemetery	
24D. LOCATION (City, town, or county) (State) Shady Side Md		25. FUNERAL DIRECTOR T. A. Kennedy		25. ADDRESS Galesville Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953		REGISTRAR'S SIGNATURE Huntington		25. ADDRESS Galesville Md	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-422
CCG-129551

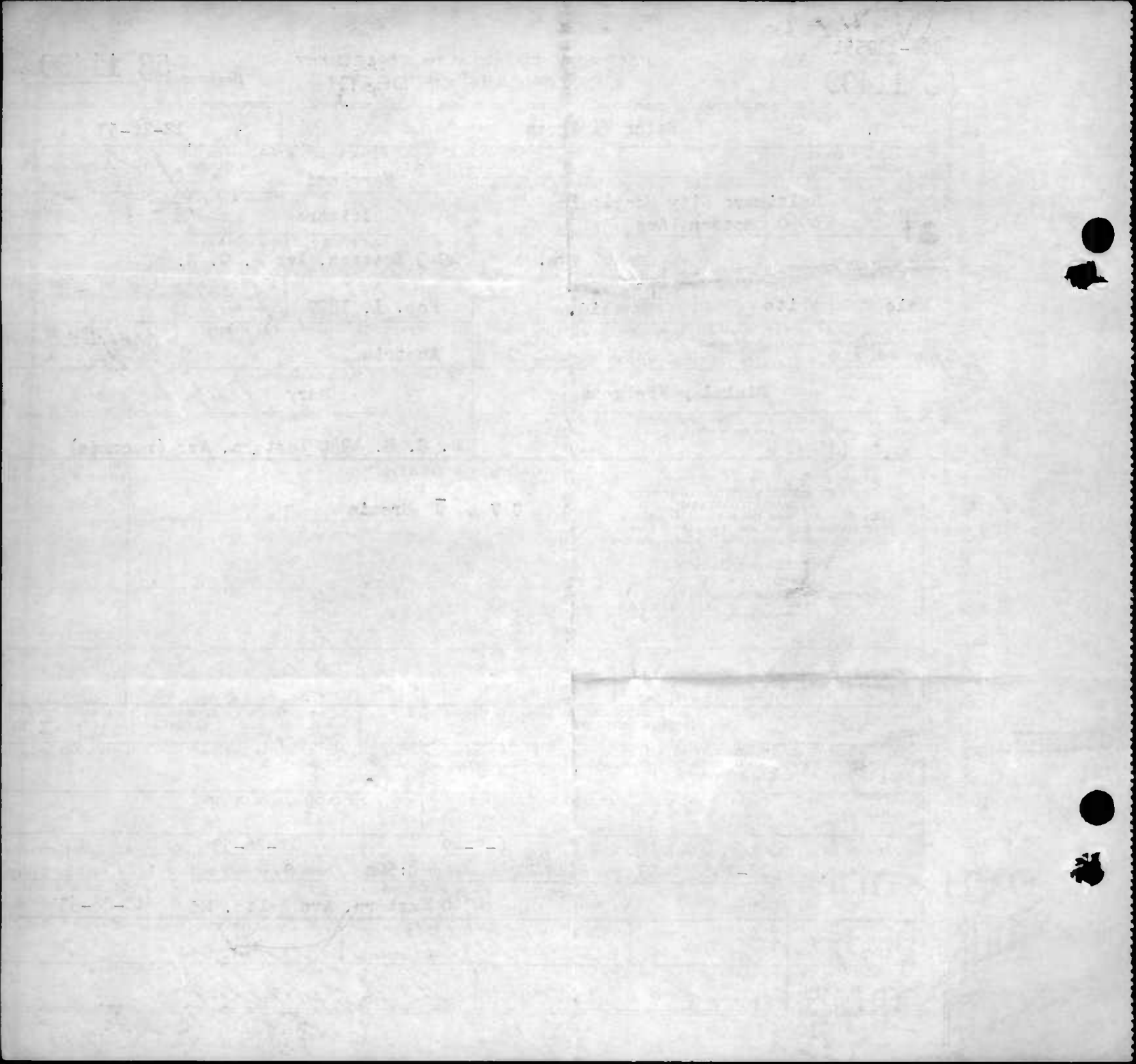
53 11499

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 11499

1. NAME OF DECEASED (Type or Print) Peter Wielgosz			2. DATE OF DEATH 12-26-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern, Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 67 yrs.			D. STREET ADDRESS (If rural, give location) 4940 Eastern, Ave B. C. H.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Feb. 1, 1879		9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book layer - Feb.		10B. KIND OF BUSINESS OR INDUSTRY Comp. Business Feb.		11. BIRTHPLACE (State or foreign country) Austria	
13. FATHER'S NAME Miakolay Wielgosz			14. MOTHER'S MAIDEN NAME Mary (don't know)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. 4940 Eastern, Ave (records)	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CVA & Uremia			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-9-49 , 19__, to 12-26-53 , 19__, that I last saw the deceased alive on 12-26 , 19 53 , and that death occurred at 8:50a.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. G. [Signature]</i>		23B. ADDRESS 4940 Eastern, Ave Balto. Md		23C. DATE SIGNED 12-26-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/29/53		24C. NAME OF CEMETERY OR CREMATORY Our Lady's [Signature]	
24D. LOCATION (City, town, or county) (State) Secretary Md		25. FUNERAL DIRECTOR ADDRESS G. R. Killough [Signature] East New Market Md			
DATE RECEIVED BY LOCAL REGISTRAR DEC 28 1953		REGISTRAR'S SIGNATURE Huntington Williams			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-162 53 11500		TEKLA KOPOREC BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 11500	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <u>TEKLA KOPOREC</u>			2. DATE OF DEATH <u>12/26/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <u>SINAI HOSP. OF BALT.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Sparrows Point</u> <u>5300</u>		
42 c. Length of stay in Baltimore Yrs. <u>20</u> Mos. <u>10</u> Days <u>19</u>			D. STREET ADDRESS (If rural, give location) <u>20th Rd #19</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Sept 23 1877</u>	9. AGE (In years last birthday) <u>76</u>	10. Under 1 Year Months Days 10 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Czechoslovakia</u>
13. FATHER'S NAME <u>Stephan Koporic</u>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Frank Koporic</u>			ADDRESS <u>6727 Woodley Road</u>		
18. <u>260X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) <u>HAZARD, heart failure, labors, mellow</u> (C) _____					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12/25</u> , 19 <u>53</u> to <u>12/26</u> , 19 <u>53</u> that I last saw the deceased alive on <u>12/26</u> , 19 <u>53</u> and that death occurred at <u>12:34</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Gilbert D. Baden</u>			23B. ADDRESS <u>Sinai Hosp. of Balt</u>		23C. DATE SIGNED <u>12/26/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24B. DATE <u>Dec 29/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>St Stanislaus Cem</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 29 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Ullrich Funeral Home</u>	
ADDRESS <u>2112 Dundalk Ave</u>					

